



# Agriculture Worker Rights and Responsibilities

Every agricultural worker is entitled to:

## **FAIR AND HUMANE TREATMENT**

- Freedom from harassment, including sexual harassment, and discrimination; violence, abuse and threats
- Freedom to end employment without being forced to stay in a job
- Access to their personal identification documents at any time
- A method to voice concerns without fear of losing your job or being threatened
- Freedom to join or not join, form or not form organizations or unions of their choosing
- Receive visitors outside of working times and in accordance with the employer's policies

## **INFORMATION ON WORKING TERMS AND PAY**

- Correct information on wages and working conditions in a language you understand that includes the following: wages to be paid, the period of employment, and whether workers' compensation or unemployment insurance will be provided.
- Fair wages paid when due and a pay slip from the grower for each pay period. All deductions must be legal. Each pay slip must show the following: pay period, hours worked, wages, gross earning, net wages and any itemized deductions.

## **A SAFE AND HEALTHY WORK ENVIRONMENT**

- Access to cool drinking water, shaded rest areas, clean and sanitary bathroom facilities and hand-washing facilities
- Access to first-aid equipment and emergency medical care
- Personal protective equipment (e.g., gloves, eye and hearing protection, dust masks, etc.) and training on its use
- Training on heat stress, farm-equipment safety, pesticide handling and storage, and Green Tobacco Sickness (GTS) prevention (if applicable)
- Time for rest breaks and lunch, without compromising the ability to earn wages
- Housing that, if provided, meets safety and health standards
- Transportation that, if provided, meets safety standards. Driver(s) must be properly insured and licensed.

*This document is designed as a resource to assist in the preparation of your own policies and practices. It may be used to develop new policies or to update existing policies. While it has been developed to comply with federal and state laws, its application in individual states and to individual members should be reviewed by experienced legal counsel.*



# Agriculture Worker Rights and Responsibilities

## If you are an H-2A worker, you also have the following rights:

In route to and from the U.S.:

- Reimbursement for visa-related and other recruitment fees
- Payment for transportation, food and (when required) lodging

When in the U.S.:

- Cooking facilities or three meals a day at regulated cost (in addition to safe employer-provided transportation and housing)
- Worker's compensation insurance, at no cost to the worker, covering injury and disease arising out of, and in the course of, the worker's employment.

Every agricultural worker has the **RESPONSIBILITY** to obey all workplace rules and common safety practices and must report any injuries or accidents promptly to their supervisor or employer. Also, every agricultural worker must refrain from the following prohibited practices while on the farm:

- Consuming, selling, possessing or being under the influence of drugs or alcoholic beverages during working hours. This includes prescription drugs which may impair one's ability to perform their job
- Provoking a fight or fighting during working hours or on farm premises
- Engaging in criminal conduct whether or not related to job performance
- Participating in the theft, deliberate or careless damage of any farm property or the property of any employee
- Falsifying employment records or employment information
- Soliciting other employees for membership, funds, or other similar activity in connection with any outside organization during your working time or the working time of the employee solicited
- Making derogatory racial, ethnic, religious or sexual remarks or gestures or using profane or abusive language at any time on farm premises
- Excessive absences
- Posting or removing any notices, signs, or other instructions from the employer's bulletin boards or property without the authorization from the employer
- Willfully abusing or destroying or remove any machinery, vehicles, equipment, tools or other property belonging to the employer or to other employees
- Using or operating vehicles, machines, tools, equipment, or other property to which the worker has not been specifically assigned by his supervisor. Note, workers may not use or operate vehicles, tools, equipment or other property for their personal use unless expressly authorized by the employer

**THIS DOCUMENT IS NOT A CONTRACT, EXPRESSED OR IMPLIED. IT IS ALSO NOT A STATEMENT OF THE LAW AND SHOULD NOT BE CONSTRUED AS SUCH.**

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# Derechos y Responsabilidades de Trabajadores Agrícolas

Cada trabajador agrícola tiene derecho a:

## TRATO JUSTO Y HUMANO

- Libre de acoso, incluyendo acoso sexual, y discriminación; violencia, abuso y amenazas
- Libertad de renunciar sin ser forzado a quedarse en el empleo
- Acceso a sus documentos de identificación personal en cualquier momento
- Un método para expresar sus preocupaciones sin miedo a perder su trabajo o ser amenazado
- Libertad de afiliarse o no, formar o no organizaciones o uniones de su preferencia
- Recibir visitantes fuera de sus horas de trabajo de acuerdo con las políticas de su empleador

## INFORMACION DE PAGO Y TERMINOS DE TRABAJO

- Información correcta de su sueldo y condiciones de trabajo en un lenguaje que usted entienda que incluya lo siguiente: sueldo a ser pagado, periodo de empleo, y su se proporcionara compensación de trabajadores o seguro de desempleo.
- Sueldos justos pagados cuando corresponda y recibo de pago del sembrador por cada periodo de pago. Todas las deducciones deben ser legales. Cada recibo de pago debe mostrar lo siguiente: periodo de pago, horas trabajadas, salario, ingresos brutos, pago neto y cualquier deducción detallada.

## AMBIENTE DE TRABAJO SANO Y SEGURO

- Acceso a agua fría para beber, áreas de descanso sombreada, instalaciones de baño limpias y sanitarias, instalaciones de lavamanos
- Acceso a equipo de primeros auxilios y cuidado médico de emergencia
- Equipo de protección personal (ej., guantes, protección para los ojos y oídos, macaras de anti polvo, etc.) y entrenamiento en su uso
- Entrenamiento en estrés por calor, seguridad de equipo de granja, manejo y almacenamiento de pesticidas, y Enfermedad del Tabaco Verde (GTS (siglas en inglés)) prevención si aplica
- Tiempo para descansos y almuerzo, sin comprometer la habilidad de ganar el salario
- Casa que, si se proporciona, cumpla con los estándares de seguridad y salud
- Transporte que, si se proporciona, cumpla con los estándares de seguridad. El/Los conductores deben tener licencia y seguro.

## Si usted es un trabajador H-2A, usted también tiene los siguientes derechos:

En ruta desde y hacia los Estados Unidos:

*Este documento está diseñado como un recurso para asistir en la preparación de sus propias pólizas y prácticas. Puede ser usado para desarrollar pólizas nuevas o actualizar las existentes. Mientras que este ha sido desarrollado para cumplir con las leyes federales y estatales, su aplicación en estados individuales y miembros individuales debe ser revisado por un consejero legal experimentado.*



## Derechos y Responsabilidades de Trabajadores Agrícolas

- Reembolso por los gastos relacionados a la visa y otros cargos recurrentes
- Pago por transporte, comida (cuando sea requerido) alojamiento

Cuando este en los Estados Unidos:

- Instalaciones para cocinar o tres comidas a costo regulado (en adición a casa y transporte seguro provisto por el empleador)
- Seguro de compensación de trabajadores, sin costo al trabajador, que cubra heridas y enfermedades que surjan de, y en el transcurso de, el empleo del trabajador.

Cada trabajador Agrícola tiene la **RESPONSABILIDAD** de obedecer todas las reglas del lugar de trabajo y prácticas de seguridad y debe reportar cualquier herida o accidente prontamente a su supervisor o empleador. También, cada trabajador agrícola debe abstenerse de las siguientes prácticas prohibidas mientras este en la granja:

- Consumir, vender, poseer o estar bajo la influencia de drogas o alcohol durante las horas de trabajado. Esto incluye drogas prescritas lo que puede impedir la habilidad de desempeñar su trabajo
- Provocar una pelea o pelear durante horas de trabajo o cuando se encuentre en la granja
- Incurrir en conducta delictiva sea o no relacionada al desempeño del trabajo
- Participar en robo, daño deliberado o sin cuidado a la propiedad de la granja o la propiedad de cualquier empleador
- Falsificar registros de empleo o información de empleo
- Solicitar a otros empleados para membresía, fondos, o alguna actividad similar en conexión con cualquier organización durante las horas de trabajo o las horas de trabajo del empleado solicitado
- Hacer observaciones raciales, étnicas, religiosa o gestos o usar lenguaje profano o abusivo en cualquier momento en las instalaciones de la granja
- Ausencias excesivas
- Poner o quitar cualquier información, señalizaciones, u otras instrucciones de la cartelera de anuncios o propiedad sin autorización del empleador
- Intencionalmente abusar o destruir o remover cualquier máquina, vehículo, equipo, herramientas u otra propiedad que pertenezca al empleador u otros empleados

Usar u operar vehículos, maquinas, herramientas, equipo, u otra propiedad para la que el trabajador no ha sido específicamente asignado por su supervisor. Nota, trabajadores no pueden usar u operar vehículos, herramientas, equipo u otra propiedad para su uso personal a menos que haya sido expresamente autorizado por su empleador

**ESTE DOCUMENTO NO ES UN CONTRATO, EXPRESO O IMPLICITO. TAMPOCO ES UNA DECLARACION DE LA LEY Y NO DEBE SER USADO COMO TAL.**

*Este documento está diseñado como un recurso para asistir en la preparación de sus propias pólizas y prácticas. Puede ser usado para desarrollar pólizas nuevas o actualizar las existentes. Mientras que este ha sido desarrollado para cumplir con las leyes federales y estatales, su aplicación en estados individuales y miembros individuales debe ser revisado por un consejero legal experimentado.*

## Fact Sheet # 77A: Prohibiting Retaliation Under the Fair Labor Standards Act (FLSA)

*This fact sheet provides general information concerning the FLSA's prohibition of retaliating against any employee who has filed a complaint or cooperated in an investigation.*

The Wage and Hour Division of the Department of Labor administers and enforces the FLSA, the federal law of most general application concerning wages and hours of work. All covered nonexempt employees must be paid not less than the current federal minimum wage for all hours worked and overtime pay, at time and one half the regular rate, for all hours worked over 40 in a workweek. The Wage and Hour Division investigates FLSA violations through its complaint-based and directed investigation programs.

### Prohibitions

Section 15(a)(3) of the FLSA states that it is a violation for *any person* to “**discharge or in any other manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this Act, or has testified or is about to testify in any such proceeding, or has served or is about to serve on an industry committee.**”

Employees are protected regardless of whether the complaint is made *orally* or *in writing*. Complaints made to the Wage and Hour Division are protected, and **most courts have ruled that internal complaints to an employer are also protected.**

### Coverage

Because section 15(a)(3) prohibits “any person” from retaliating against “any employee”, the protection applies to all employees of an employer even in those instances in which the employee’s work and the employer are not covered by the FLSA.

For additional information on FLSA Coverage, please visit Fact Sheet 14 at <http://www.dol.gov/whd/regs/compliance/whdfs14.htm>.

Section 15(a)(3) also applies in situations where there is no current employment relationship between the parties; for example, it protects an employee from retaliation by a former employer.

### Enforcement

Any **employee** who is “**discharged or in any other manner discriminated against**” because, for instance, he or she has filed a complaint or cooperated in an investigation, may file a retaliation complaint with the Wage and Hour Division or may file a private cause of action seeking appropriate remedies including, but not limited to, employment, reinstatement, lost wages and an additional equal amount as liquidated damages.

### Where to Obtain Additional Information

For additional information, visit our Wage and Hour Division Website: <http://www.wagehour.dol.gov> and/or call our toll-free information and helpline, available 8 a.m. to 5 p.m. in your time zone, 1-866-4USWAGE (1-866-487-9243).

This publication is for general information and is not to be considered in the same light as official statements of position contained in the regulations.

**U.S. Department of Labor**  
Frances Perkins Building  
200 Constitution Avenue, NW  
Washington, DC 20210

**1-866-4-USWAGE**  
TTY: 1-866-487-9243  
[Contact Us](#)

## Fact Sheet #77C: Prohibiting Retaliation Under the Migrant and Seasonal Agricultural Worker Protection Act (MSPA)

This fact sheet provides general information concerning MSPA's prohibition of discrimination against a migrant or seasonal agricultural worker who has filed a complaint or participated in any proceeding under or related to MSPA.

The Wage and Hour Division of the Department of Labor administers and enforces MSPA, the federal law that protects migrant and seasonal agricultural workers. **MSPA establishes employment standards related to wages, housing, transportation, disclosures, and recordkeeping. It also requires farm labor contractors to register with the U.S. Department of Labor.** The Wage and Hour Division investigates MSPA violations through its complaint-based and directed investigation programs.

### Coverage

Under MSPA, **agricultural employers, agricultural associations, and farm labor contractors** who engage in at least one **named activity** as it relates to a **migrant or seasonal agricultural worker** are required to provide basic protections to those workers unless otherwise exempt.

Named activities are:

The furnishing, employing, soliciting, recruiting, hiring, and transporting one or more migrant or seasonal agricultural workers.

- An **agricultural employer** is any person who owns or operates a farm, ranch, processing establishment, cannery, gin, packing shed, or nursery, or who produces or conditions seed.
- An **agricultural association** is any non-profit or cooperative association of farmers, growers, or ranchers, incorporated or qualified under applicable state law.
- A **farm labor contractor** is any person (other than an agricultural employer, agricultural association, or an employee of either an agricultural employer or association) who is paid or promised money or other valuable consideration in exchange for engaging in at least one of the named activities.

**Additionally, each person who owns or controls a facility or real property that is used for housing migrant agricultural workers must comply with federal and state safety and health standards, unless specific exclusion criteria for providing housing on a commercial basis are met.**

- A **migrant agricultural worker** is employed in agricultural employment of a seasonal or other temporary nature, and is required to be absent overnight from his permanent place of residence.
- A **seasonal agricultural worker** is an individual who is employed in agricultural employment of a seasonal or other temporary nature, and is *not* required to be absent overnight from his permanent place of residence when employed on a farm or ranch performing field work related to planting, cultivating, or harvesting operations or when employed in canning, packing, ginning, seed conditioning or related

research, or processing operations, and transported, or caused to be transported, to or from the place of employment by means of a day-haul operation.

- **Agricultural employment** is defined by MSPA as employment in any service or activity included within section 3(f) of the Fair Labor Standards Act; or section 3121(g) of the Internal Revenue Code; or the handling, planting, drying, packing, packaging, processing, freezing, or grading prior to delivery for storage of any agricultural or horticultural commodity in its unmanufactured state. **The definition of agricultural employment has been expanded by the courts to also include many forestry activities performed by migrant or seasonal workers.**

## Prohibitions

Section 505(a) of MSPA states that it is a violation for *any person* to **“intimidate, threaten, restrain, coerce, blacklist, discharge, or in any manner discriminate against any migrant or seasonal agricultural worker because such worker has, with just cause, filed any complaint or instituted, or caused to be instituted, any proceeding under or related to this Act, or has testified or is about to testify in any such proceedings, or because of the exercise, with just cause, by such worker on behalf of himself or others of any right or protection afforded by this Act.”**

## Enforcement

If a migrant or seasonal agricultural worker believes, with just cause, that he has been discriminated against, the worker may file a complaint with the Secretary of Labor within **180 days of the alleged discriminatory action.**

If upon investigation, the Secretary of Labor determines that section 505(a) has been violated, the Secretary may bring a civil action, which may seek to restrain violation of section 505(a) and order the reinstatement of the worker, with back pay or damages.

## Where to Obtain Additional Information

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# 2017 Records

Acronym	Definition
CBP	Customs and Border Protection
CPA	Crop Protection Agent
DOL,USDOL	Department of Labor, US Department of Labor
EPA	Environmental Protection Agency
FLC	Farm Labor Contractor
FLSA	Fair Labor Standards Act
FSA	Farm Services Agency
GAP	Good Agricultural Practices
GM,GMO	Genetically Modified Organism
GTS	Green Tobacco Sickness
H-2A	A section of federal labor law authorizing a program for temporary agricultural workers from outside the US
HEL	Highly Erodible Land
IIRIRA	Illegal Immigration Reform and Immigrant Responsibility Act
INA	Immigration and Nationality Act
IPM	Integrated Pest Management
IRCA	Immigration Reform and Control Act
LC	Low converter. This refers to varieties of burley and dark tobacco that have gone through a special selection process to have lower potential to form TSNA.
MSDS	Material Safety Data Sheet
MSPA	Migrant and Seasonal Agricultural Worker Protection Act
NTRM	Non-tobacco Related Material
OSHA	Occupational Safety and Health Administration
PHI	Preharvest Interval
PPE	Personal Protective Equipment
REI	Restricted Entry Interval
RUP	Restricted Use Pesticide
SDS	Safety Data Sheet

# 2017 GAP Records

These GAP Connections' record templates are designed to follow an on-farm GAP Connections' assessment. If these records are maintained in this binder or in another form the on-farm assessment will be a more efficient visit.

<b>1</b>	<b>Required Records Checklist</b>
<b>2</b>	<b>Operation Records</b>
<b>3</b>	<b>Greenhouse and Transplant Records</b>
<b>4</b>	<b>Field Records</b>
<b>5</b>	<b>Curing Facilities</b>
<b>6</b>	<b>NTRM Prevention</b>
<b>7</b>	<b>Soil Conservation Records</b>
<b>8</b>	<b>CPA Information</b>
<b>9</b>	<b>Labor and Housing Records</b>
<b>10</b>	<b>Labor Training Records</b>

# **TAB 1**

## **Required Records Checklist**

The following record sheets can be used to keep the required U.S. Tobacco GAP records. If you currently use an alternative record keeping system that can supply the same list of information upon inspection, you do not have to use the supplied record sheets.

# 2017 Required Records Checklist

## Operation Records

- Contact information
- Tobacco acres by type
- Number of storage facilities (non-enclosed and enclosed)
- Conservation practices used on operation (including if you have a conservation plan or not)
- Sources of information used in tobacco operation decisions

## Labor Records

- Number of full-time workers
  - Family
  - Non-family
- Number of seasonal workers:
  - H-2A living on farm
  - H-2A not living on the farm
  - Migrant (non-H-2A)
  - Local
  - Family
- Farm labor contractor (FLC) certificate of registration (if FLC is used)
- Number of workers living on the farm
- Number of worker minor children living on farm
- Date of most recent housing inspection and inspection agency (if applicable)

## Greenhouse CPA Records

The same records must be maintained if transplants are grown by grower or purchased.

- Applicator and certification number
- Date of application
- Brand/product name
- EPA registration number
- Active ingredient(s)
- REI (hours)
- Rate per 1000 ft<sup>2</sup>
- Area treated Total application
- Notes/target pests
- Start/finish time

## Soil Management Records

- List of field with field IDs
- Is it highly erodible land?  
For each field involved in tobacco production in 2017 the following records must be maintained for the current year (2017), prior year (2016) and following year (2018):
- Crops and cover crops planted
- Tillage type (conventional, strip, no-till)

## Rainfall Records

- Date of weather event
- Farm name
- Amount of precipitation
- Crop condition

## Employee Training Records for each Topic

- Trainer name
- Date of training
- Number of workers trained
- Source of training material

### Topics:

- Grade separation (burley and dark only)
- Moisture and weights
- NTRM prevention
- How to use PPE
- PPE for prevention against carbon monoxide poisoning in dark-fired barns (dark-fired only)
- Safe operation of farm machinery
- Understanding safety data sheets (SDS)
- Pesticide safety and required WPS training

## Grower Training Records for each Topic

- Trainer name
- Date of training
- Observation and notes

### Topics:

- Annual GAP Training
- University extension tobacco meetings
- Pesticide applicator training

The following record sheets can be used to keep the required U.S. Tobacco GAP records. If you currently use an alternative record keeping system that can supply the same list of information upon inspection, you do not have to use the supplied record sheets.

# 2017 Required Records Checklist

## Field Records

For each field/tract involved in tobacco production you must record the following:

### Field/Tract ID Location

- Farm name, location, and county field/tract is located
- FSA number
- Tobacco acres

### Nutrient Management

- Soil testing date
- Soil type
- Date of last lime application and rate
- Fertilizer date, analysis, and rate
- Manure application date, type, and rate

### Transplants

- Seedling source
- Seed lot number
- Variety name
- Indication of LC variety (burley and dark only)
- Date of seeding
- Date of transplanting and plant population

### Irrigation

- Source of irrigation water
- Application type
- Date of irrigation and amount applied

### Topping Records

- Date of topping and height of plant at topping (number of leaves)

### CPA Records

- Applicator and certification number
- Date of application
- Brand/product name
- EPA registration number
- Active ingredient (s)
- REI (hours)
- Rate per acre
- Area treated
- Total application
- Notes/target pests
- Start/finish time

### IPM Records

- Date of scouting
- Pests observed
- % of plants affected
- Action taken
- Effectiveness of action

### Sucker Control Records

- Applicator and certification number
- Date of application
- Brand/product name
- EPA registration number
- Active ingredient (s)
- REI (hours)
- Rate per acre
- Area treated
- Total application
- Method of application
- Weather notes
- Start/finish time

The following record sheets can be used to keep the required U.S. Tobacco GAP records. If you currently use an alternative record keeping system that can supply the same list of information upon inspection, you do not have to use the supplied record sheets.

# 2017 Required Records Checklist

## Additional Records for Air-cured Operations

### For each curing facility

- Location
- Barn/structure ID
- Type of structure
- Barn size (stick capacity)
- Ventilation type
- Ventilation locations
- Barn construction material
- Topography of barn location

### Harvesting and curing records for each field/tract

- Harvesting date
- Date housed
- Barn/structure ID
- Spacing of sticks
- Tobacco ordering method
- Date removed from housing

## Additional Records for Fire-cured Operations

### For each curing facility

- Location
- Barn ID
- Barn size (stick capacity)
- Ventilation type
- Ventilation locations
- Barn construction material

### Firing records for each field/tract

- Barn ID
- Fuel source (sawdust, woodchips, slabs, & other)
- Date fire started
- Date fire ended
- Maximum temperature

### Harvesting and curing records for each field/tract

- Harvesting date
- Date housed
- Barn/structure ID
- Spacing of sticks
- Tobacco ordering method
- Date removed from housing

## Additional Records for Flue-cured Operations

### For each curing facility

- Location
- Date of last inspection
- Testing organization/company name
- Type of fuel
- Pounds cured per gallon of fuel

### Harvesting and curing records

- Harvesting date
- Field/tract ID
- Barn ID
- Method of harvesting (mechanical or hand)
- Stalk position

# TAB 2

## Operation Records

### Operation Checklist

#### **Grower Information**

Contact Information  
Grower Associations  
Grower Training  
Sources of Information

#### **Farm Information**

Acreage  
Irrigation  
Storage Facilities  
Labor Numbers  
Farm Locations and Field/Tracts  
Rainfall Records



# 2017 Operation Records

Grower Name: \_\_\_\_\_

Grower ID: \_\_\_\_\_ Farm ID: \_\_\_\_\_

Grower Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

---

## Contact Information

Farm Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

---

## Other Grower ID's Associated with this Farm Operation

To be associated, growers must meet the following criteria:

- The same labor force, whether family or hired, works in all fields and if hired is paid by the same person or entity for all work.
- Decisions about management for fields are made jointly; there are not designated fields for each grower in which that grower makes separate management decisions and markets the tobacco separately.

Do you farm with anyone else who would meet the definition above?

- Yes, List their Grower ID's here: \_\_\_\_\_
- No

---

## Grower Training

Growers should have their GAP Connections' Grower ID card scanned at all Annual Training events. These records can be found online at [www.gapconnections.com](http://www.gapconnections.com) with the grower's ID number and password. All training records in GAP Connections' system are shared with each company that has a signed data release with grower.

Attended <small>“✓”</small>	Training	Date
<input type="checkbox"/>	2013 GAP Training	
<input type="checkbox"/>	2014 GAP Training	
<input type="checkbox"/>	2015 GAP Training	
<input type="checkbox"/>	2016 GAP Training	
<input type="checkbox"/>	2017 GAP Training	

# 2017 Operation Records

## Additional Grower Training

(ex: On-farm Safety Training, Extension Meeting, Pesticide Safety, etc.)

Topic or Event	Trainer Name and Organization	Date of Training

---

## Sources of Information

Please list the resources or sources of information you used to make the following decisions i.e. extension, company information, input supplier, or other.

**Selection of varieties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Determination of pest management practices:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Determination of best fertilizer management practices:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Selection of conservation practices:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 2017 Operation Records

## 2017 Acreage

Total Tobacco Acres: \_\_\_\_\_

Type	Acres	Type	Acres
Burley		Maryland	
Flue-cured		Cigar	
Dark Air		Wisconsin	
Dark-fired		Other: _____	

---

## Irrigation

I do not irrigate.

Irrigation Type: \_\_\_\_\_

Source of Irrigation Water:

- Pond/lake
- Well-water
- Stream/river
- Other: \_\_\_\_\_

---

## Storage Facilities

Number of non-enclosed storage facilities:	
Number of enclosed storage facilities:	
Number of trailers/trucks used for storage:	

# 2017 Operation Records

## Labor Numbers

	Number of full-time employees during tobacco season	Number of part-time employees during tobacco season	Number of employees for whom housing is provided
H-2A Living on Farm		NA	
H-2A Not Living on Farm		NA	
Migrant Non-H-2A			
Local			
All Immediate Family (including grower, spouse, child, parent, sibling)			NA
Family minors age 16 or 17			NA
Family minors age 15			NA
Family minors age 14			
Family minors age 13 or below ( <i>give number and ages in comments</i> )			NA
All other hired labor (non-family, non-H-2A, non-migrant)			NA
Non-family minors age 16 or 17			
Non-family minors age 15			
Non-family minors age 14			
Non-family minors age 13 or below ( <i>give number and ages in comments</i> )			

Language(s) spoken by workers: \_\_\_\_\_

# 2017 Farm Locations and Field/Tracts in Tobacco Production

Farm Name	Farm Location	County	Field/Tract ID	FSA Number	Tobacco Acres

# 2017 Rainfall Records per Farm

Rainfall records can be kept daily, weekly, or monthly.

Date of Weather Event	Farm Name	Amount of Precipitation	Crop Condition

# **TAB 3**

## **Greenhouse and Transplant Records**

### **Greenhouse & Transplant Reminder**

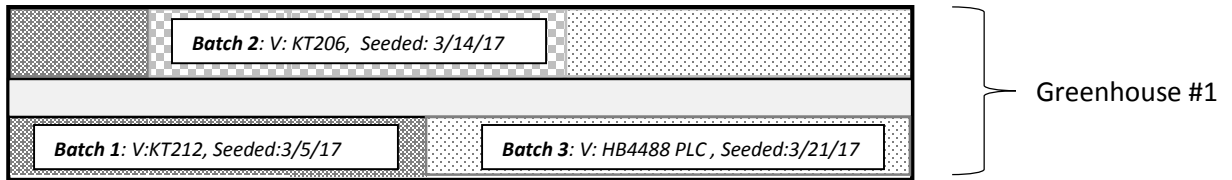
**Greenhouse and Transplant records have to be kept whether you produce your own plants or purchase plants.**

Included in this section is a template record form that growers should receive from the person who sells the transplants. This will satisfy their transplant recordkeeping requirements under the current U.S. Tobacco GAP standards.

# 2017 Transplant Records

Required with purchased and produced plants.

**Transplant Batch No.:** The transplant batch number is created by you and is used to identify each separate batch of transplants used in your operation. A separate number should be given to each batch of transplants of the same source, variety, lot number, and seeded at the same time in the same greenhouse. See diagram below of greenhouse with three batches of transplants.



Transplant Batch No.	Greenhouse ID No.*	Seedling Source	Variety Name	Seed Lot #	LC Variety (Burley & Dark ONLY)	Date of Seedling
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased			<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*This Greenhouse ID number is created by you and is used to identify each separate greenhouse used in your operation.



# 2017 Greenhouse CPA Records

Applicator*	Transplant Batch No.	Greenhouse ID No.	Date	Brand/ Product Name**	REI (hours)	Rate/1000 ft <sup>2</sup>	Area Treated	Total Application***	Notes/Target Pests	Start/Finish Time

\*Applicator or reference number in the CPA Information section.  
 \*\*Brand/product name or reference number in the CPA Information section.  
 \*\*\*Total Amount of Product Used (indicate unit: oz., lb., pt., qt., gal).



## U.S. Tobacco GAP Purchased Transplant Record (Combination Form)

This form, along with the current year's greenhouse CPA records where these transplants were grown, is to be given to a grower who purchases transplants and is participating in the U.S. Tobacco GAP Program. This will satisfy their transplant recordkeeping requirements under the current U.S. Tobacco GAP standards.

Farm Name (Seller): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Transplant Batch No.\* \_\_\_\_\_

Variety Name: \_\_\_\_\_

Greenhouse ID No.\*\* \_\_\_\_\_

Lot Number: \_\_\_\_\_

LC Variety  
(burley and dark only)    Y    N

Date of Seeding    /    /

Date the plants  
were received  
(picked-up):    /    /

Complete the CPA records below for this batch no. only or provide purchaser a copy of your complete CPA records with batch no. referenced with this form.

Applicator	Transplant Batch No.*	Greenhouse ID No. **	Date	Brand/Product Name	REI (hours)	Rate/ 1000 ft <sup>2</sup>	Total Application	Notes/Target Pests	Start/Finish Time

\* This ID number is created by you and is used to identify each separate batch of transplants in your operation. A separate ID number should be given to each batch of transplants of the same variety, lot number, and seeded at the same time in each greenhouse.

\*\* This Greenhouse ID number is created by you and is used to identify each separate greenhouse used in your operation.

Hole punch and place in your GAP binder or with your GAP records.

# **TAB 4**

## **Field Records**

# 2017 Fire-cured Field Records

(Complete each page in this section for each field/tract\*)

**Nutrient Management**

Soil Testing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Keep copy of soil test results)

Soil Type: \_\_\_\_\_

**Liming**

Date of last lime application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rate of lime: \_\_\_\_\_ tons/acre

**Fertilizer Records**

Date	Application Timing	Analysis (N-P-K)	lbs/acre
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application		

**Manure Applications**

Date	Type of Manure	Rate

**Transplanting**

Date of Transplanting: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transplant Batch Number\*\*: \_\_\_\_\_

Plant Population (plants per acre): \_\_\_\_\_ Row Width: \_\_\_\_\_ Plant Spacing in Row: \_\_\_\_\_

**Topping Records**

Date of Topping	Height at Topping (number of leaves)

\*Photocopy pages if you have multiple field/tracts in tobacco production.  
 \*\*This is the identification number you created in Greenhouse and Transplant Records.

**Irrigation Records (if applicable)**

Source of irrigation water: \_\_\_\_\_

Application type: \_\_\_\_\_

Date of Irrigation	Amount Applied

**Field CPA Records**

Applicator*	Date	Brand/Product Name**	REI (hours)	Rate/ Acre	Area Treated	Total Application***	Notes/Target Pests	Start/Finish Time

\*Applicator or reference number in CPA Information.  
 \*\*Brand/product name or reference number from CPA Information.  
 \*\*\*Total Amount of Product Used (indicate unit: oz., lb., pt., qt., gal.)

**IPM Records**

Date of Scouting	Pests Observed	Percent Plants Affected/Infested	Action Taken	Effectiveness <i>(Very good, good, fair, poor)</i>

**Sucker Control Records**

Applicator*	Date	Brand/Product Name**	REI (hours)	Rate/Acre	Area Treated	Total Application***	Method of Application	Weather Notes	Start/Finish Time
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		

**Harvesting and Curing Records**

Harvesting Date	Date Housed	Barn/Structure ID	Spacing of Sticks	Tobacco Ordering Method	Date Removed from Housing
				<input type="checkbox"/> Natural <input type="checkbox"/> Moisture Added	
				<input type="checkbox"/> Natural <input type="checkbox"/> Moisture Added	
				<input type="checkbox"/> Natural <input type="checkbox"/> Moisture Added	
				<input type="checkbox"/> Natural <input type="checkbox"/> Moisture Added	
				<input type="checkbox"/> Natural <input type="checkbox"/> Moisture Added	
				<input type="checkbox"/> Natural <input type="checkbox"/> Moisture Added	

\*Applicator or reference number in CPA Information.  
 \*\*Brand/product name or reference number from CPA Information.  
 \*\*\*Total Amount of Product Used (indicate unit: oz., lb., pt., qt., gal.)

**Firing Records for Barn ID:** \_\_\_\_\_

**Fuel Source:**

Slabs  Sawdust  Wood chips  Other: \_\_\_\_\_

Date Fire Started	Date Fire Ended	Maximum Temperature

**Firing Records for Barn ID:** \_\_\_\_\_

**Fuel Source:**

Slabs  Sawdust  Wood chips  Other: \_\_\_\_\_

Date Fire Started	Date Fire Ended	Maximum Temperature

**Firing Records for Barn ID:** \_\_\_\_\_

**Fuel Source:**

Slabs  Sawdust  Wood chips  Other: \_\_\_\_\_

Date Fire Started	Date Fire Ended	Maximum Temperature

# 2017 Air-cured Field Records

(Complete each page in this section for each field/tract\*)

**Nutrient Management**

Soil Testing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Keep copy of soil test results)

Soil Type: \_\_\_\_\_

**Liming**

Date of last lime application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rate of lime: \_\_\_\_\_ tons/acre

**Fertilizer Records**

Date	Application Timing	Analysis (N-P-K)	lbs/acre
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application		

**Manure Applications**

Date	Type of Manure	Rate

**Transplanting**

Date of Transplanting: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transplant Batch Number\*\*: \_\_\_\_\_

Plant Population (plants per acre): \_\_\_\_\_ Row Width: \_\_\_\_\_ Plant Spacing in row: \_\_\_\_\_

**Topping Records**

Date of Topping	Height at Topping (number of leaves)

\*Photocopy pages if you have multiple fields/tracts in tobacco production.  
 \*\*This is the identification number you created on in Greenhouse and Transplant Records



**Irrigation Records (if applicable)**

Source of irrigation water: \_\_\_\_\_

Application type: \_\_\_\_\_

Date	Amount Applied

**Field CPA Records**

Applicator*	Date	Brand/Product Name**	REI (hours)	Rate/Acre	Area Treated	Total Application***	Notes/Target Pests	Start/Finish Time

\*Applicator or reference number in CPA Information.  
 \*\*Brand/Product name or reference number from CPA Information.  
 \*\*\*Total Amount of Product Used (Indicate unit: oz., lb., pt., qt., gal.)

**IPM Records**

Date of Scouting	Pests Observed	Percent Plants Affected/Infested	Action Taken	Effectiveness (Very good, good, fair, poor)

**Sucker Control Records**

Applicator*	Date	Brand/Product Name**	REI (hours)	Rate/ Acre	Area Treated	Total Application***	Method of Application	Weather Notes	Start/Finish Time
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		

**Harvesting and Curing Records**

Harvesting Date	Date Housed	Barn/ Structure ID	Spacing of Sticks	Tobacco Ordering Method	Date Removed from Housing
				<input type="checkbox"/> Natural <input type="checkbox"/> Moisture Added	
				<input type="checkbox"/> Natural <input type="checkbox"/> Moisture Added	
				<input type="checkbox"/> Natural <input type="checkbox"/> Moisture Added	
				<input type="checkbox"/> Natural <input type="checkbox"/> Moisture Added	
				<input type="checkbox"/> Natural <input type="checkbox"/> Moisture Added	
				<input type="checkbox"/> Natural <input type="checkbox"/> Moisture Added	
				<input type="checkbox"/> Natural <input type="checkbox"/> Moisture Added	
				<input type="checkbox"/> Natural <input type="checkbox"/> Moisture Added	

\*Applicator or reference number in CPA Information.  
 \*\*Brand/product name or reference number from CPA Information.  
 \*\*\*Total Amount of Product Used (indicate unit: oz., lb., pt., qt., gal.)

# 2017 Flue-cured Field Records

(Complete each page in this section for each field/tract\*)

## Nutrient Management

Soil Testing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Keep copy of soil test results)

Soil Type: \_\_\_\_\_

## Liming

Date of last lime application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rate of lime: \_\_\_\_\_ tons/acre

## Fertilizer Records

Date	Application Timing	Analysis (N-P-K)	lbs/acre
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application		

## Transplanting

Date of transplanting: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transplant Batch Number\*\*: \_\_\_\_\_

Plant Population (plants per acre): \_\_\_\_\_

Row Width: \_\_\_\_\_ Plant Spacing in Row: \_\_\_\_\_

## Irrigation Records (if applicable)

Source of irrigation water: \_\_\_\_\_

Application Type: \_\_\_\_\_

## Topping Records

Date of Topping	Height at Topping (number of leaves)

Date of Irrigation	Amount Applied

## Program for Preventing Weed Seed Contamination of Harvested Leaf (Palmer Amaranth, other Pigweed, Ragweed, Grasses)

Herbicides used \_\_\_\_\_

Number of Cultivations \_\_\_\_\_ Control of weeds in field borders \_\_\_\_\_

Preharvest scouting and cleanup practices \_\_\_\_\_

Other (hand hoeing, etc.) \_\_\_\_\_

\*Photocopy pages if you have multiple fields/tracts in tobacco production.

\*\*This is the identification number you created in Greenhouse and Transplant Records

**Field CPA Records**

Applicator*	Date	Brand/Product Name**	REI (hours)	Rate/Acre	Area Treated	Total Application***	Notes/Target Pests	Start/Finish Time

**IPM Records**

Date of Scouting	Pests Observed	Percent of plants affected/infested	Action Taken	Effectiveness (Very good, good, fair, poor)

**Sucker Control Records**

Applicator*	Date	Brand/Product Name**	REI (hours)	Rate/Acre	Area Treated	Total Application***	Method of Application	Weather Notes	Start/Finish Time
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		

\*Applicator or reference number in CPA information.  
 \*\*Brand/product name or reference number from CPA information.  
 \*\*\*Total Amount of Product Used (indicate unit: oz., lb., pt., qt., gal.)

# 2017 Flue-cured Harvesting and Curing Records

What type of fuel do you use (LPG, natural gas, fuel oil, etc.)? \_\_\_\_\_  
How many pounds of tobacco are cured per gallon of curing fuel? \_\_\_\_\_ lbs.

Harvesting Date	Field/Track ID	Method of Harvesting	Barn ID	Stalk position

\*To calculate the pounds of tobacco cured per gallon of curing fuel, take your total pounds produced and divide by the total gallons of fuel used for curing. Example 200,000 pounds of tobacco divided by 15,000 gallons of fuel used = 13.3 pounds per gallon.

# **TAB 5**

## **Curing Facilities**

# 2017 Fire-cured Curing Facilities

Farm Name	Barn ID	Barn Size (stick capacity)	Vertical Tier Spacing	Ventilation	Ventilation Locations	Barn Construction Material
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding

# 2017 Air-cured Curing Facilities

Farm Name	Barn/ Structure ID	Type	Barn Size (stick capacity)	Ventilation	Ventilation Locations	Barn Construction Material	Topography of Barn Location
		<input type="checkbox"/> Outdoor structure <input type="checkbox"/> Multi-tier Vertical Tier Spacing: _____		<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Open sides <input type="checkbox"/> Open doors <input type="checkbox"/> Plastic covered <input type="checkbox"/> Other: _____	<input type="checkbox"/> Metal siding <input type="checkbox"/> Wood siding <input type="checkbox"/> Metal over wood siding	<input type="checkbox"/> High ground -sheltered <input type="checkbox"/> High ground - open <input type="checkbox"/> Low ground - sheltered <input type="checkbox"/> Low ground - open
		<input type="checkbox"/> Outdoor structure <input type="checkbox"/> Multi-tier Vertical Tier Spacing: _____		<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Open sides <input type="checkbox"/> Open doors <input type="checkbox"/> Plastic covered <input type="checkbox"/> Other: _____	<input type="checkbox"/> Metal siding <input type="checkbox"/> Wood siding <input type="checkbox"/> Metal over wood siding	<input type="checkbox"/> High ground -sheltered <input type="checkbox"/> High ground - open <input type="checkbox"/> Low ground - sheltered <input type="checkbox"/> Low ground - open
		<input type="checkbox"/> Outdoor structure <input type="checkbox"/> Multi-tier Vertical Tier Spacing: _____		<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Open sides <input type="checkbox"/> Open doors <input type="checkbox"/> Plastic covered <input type="checkbox"/> Other: _____	<input type="checkbox"/> Metal siding <input type="checkbox"/> Wood siding <input type="checkbox"/> Metal over wood siding	<input type="checkbox"/> High ground -sheltered <input type="checkbox"/> High ground - open <input type="checkbox"/> Low ground - sheltered <input type="checkbox"/> Low ground - open
		<input type="checkbox"/> Outdoor structure <input type="checkbox"/> Multi-tier Vertical Tier Spacing: _____		<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Open sides <input type="checkbox"/> Open doors <input type="checkbox"/> Plastic covered <input type="checkbox"/> Other: _____	<input type="checkbox"/> Metal siding <input type="checkbox"/> Wood siding <input type="checkbox"/> Metal over wood siding	<input type="checkbox"/> High ground -sheltered <input type="checkbox"/> High ground - open <input type="checkbox"/> Low ground - sheltered <input type="checkbox"/> Low ground - open
		<input type="checkbox"/> Outdoor structure <input type="checkbox"/> Multi-tier Vertical Tier Spacing: _____		<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Open sides <input type="checkbox"/> Open doors <input type="checkbox"/> Plastic covered <input type="checkbox"/> Other: _____	<input type="checkbox"/> Metal siding <input type="checkbox"/> Wood siding <input type="checkbox"/> Metal over wood siding	<input type="checkbox"/> High ground -sheltered <input type="checkbox"/> High ground - open <input type="checkbox"/> Low ground - sheltered <input type="checkbox"/> Low ground - open
		<input type="checkbox"/> Outdoor structure <input type="checkbox"/> Multi-tier Vertical Tier Spacing: _____		<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Open sides <input type="checkbox"/> Open doors <input type="checkbox"/> Plastic covered <input type="checkbox"/> Other: _____	<input type="checkbox"/> Metal siding <input type="checkbox"/> Wood siding <input type="checkbox"/> Metal over wood siding	<input type="checkbox"/> High ground -sheltered <input type="checkbox"/> High ground - open <input type="checkbox"/> Low ground - sheltered <input type="checkbox"/> Low ground - open
		<input type="checkbox"/> Outdoor structure <input type="checkbox"/> Multi-tier Vertical Tier Spacing: _____		<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Open sides <input type="checkbox"/> Open doors <input type="checkbox"/> Plastic covered <input type="checkbox"/> Other: _____	<input type="checkbox"/> Metal siding <input type="checkbox"/> Wood siding <input type="checkbox"/> Metal over wood siding	<input type="checkbox"/> High ground -sheltered <input type="checkbox"/> High ground - open <input type="checkbox"/> Low ground - sheltered <input type="checkbox"/> Low ground - open
		<input type="checkbox"/> Outdoor structure <input type="checkbox"/> Multi-tier Vertical Tier Spacing: _____		<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Open sides <input type="checkbox"/> Open doors <input type="checkbox"/> Plastic covered <input type="checkbox"/> Other: _____	<input type="checkbox"/> Metal siding <input type="checkbox"/> Wood siding <input type="checkbox"/> Metal over wood siding	<input type="checkbox"/> High ground -sheltered <input type="checkbox"/> High ground - open <input type="checkbox"/> Low ground - sheltered <input type="checkbox"/> Low ground - open



# 2017 Flue-cured Curing Facilities

## US Tobacco GAP -- Barn Testing Report

Farmer or Farm Name: \_\_\_\_\_ Testing Entity: \_\_\_\_\_

Signature of barn tester: \_\_\_\_\_ Date of Testing: \_\_\_\_\_

Barn Location: \_\_\_\_\_ CO<sub>2</sub> Meter Make: \_\_\_\_\_

Probe number: \_\_\_\_\_ Probe calibration date: \_\_\_\_\_

Total number of barns tested: \_\_\_\_\_

Number of barns passing: \_\_\_\_\_

### CO<sub>2</sub> Measurements

Barn ID Number	Barn Make and Model	Heat Exchanger Brand	Initial Reading	Final Reading	Barn Status Pass/Fail





# **TAB 6**

## **NTRM Prevention**

# NTRM Inspection

Non-tobacco related material (NTRM) or foreign matter is a broad term that refers to all materials that are not tobacco lamina and stem. This includes, but is not limited to: soil particles, paper, string, metal fragments, tobacco stalks and suckers, plastics, foam materials, wood, grasses, weeds, oils and burlap fibers, as well as gloves and other personal protection equipment.

Providing a product that is free of all forms of NTRM is a critical aspect of GAP that begins at the farm level with elimination of NTRM sources and physical removal of all NTRM materials during on-farm tobacco handling, storage and transport.

Below is a NTRM inspection checklist. Inspections should be done routinely to ensure new sources of NTRM are addressed as soon as possible.

- Clean all market prep facilities. Starting the season with a clean facility will make it easier to maintain throughout the entire season.
- Create designated break areas with space to store gloves, jackets, tools, drinks, or food. These areas should be the only space workers are allowed to eat, drink, and take breaks from market prep activities.
- Ensure trash cans are emptied regularly, secured to prevent tipping, and in areas easily accessible to employees when they are on breaks.
- Check facilities for bird nests or roosting birds to prevent feathers and bird waste from getting in tobacco.
- Ensure all the tools used in the market preparation area are in good condition and have handles made of wood or metal.
- Check and replace any materials used to cover tobacco if fraying or tears are present. When possible use a non-plastic tarp such as canvas or similar quality material.
- Check to make sure the wagon, trailer, or truck used to transport the tobacco is clean and free from any oil or chemical spills.

## **Worker Training Tips:**

- Remind your workers everyday verbally and with posters to think about NTRM prevention.
- In training, ask them to use only the designated break areas for eating, drinking, and storage of other personal items.
- Ask them to pick up and place in a trash can any trash or non-tobacco material when they see it on the market prep floor or near baling supplies.

# NTRM Inspection Log

Date	Who did the inspection?	Areas Inspected <i>(ex: market prep facilities, baling equipment, break areas)</i>	Comments <i>(ex: No new sources of NTRM, added a trash can in break area)</i>

# **TAB 7**

## **Soil Conservation Records**

# 2017 Soil Conservation Records

## Tillage Practices

Are any of the following tillage practices implemented in tobacco production on this farm?

- Conventional Tillage          Acres \_\_\_\_\_
  - Minimum or reduced tillage    Acres \_\_\_\_\_
  - Strip tillage                    Acres \_\_\_\_\_
  - No tillage                        Acres \_\_\_\_\_
- 

## Conservation Practices

Do you have a conservation plan?

- Yes
- No

If you do not have a conservation plan, please list any farm practices designed to conserve the land and protect the water supply, such as soil erosion control measures:

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# 2017 Soil Conservation Records

		2016			2017			2018		
Field ID	Is it Highly Erodible Land (HEL)?	Crop	Tillage Type*	Cover Crop	Crop	Tillage Type*	Cover Crop	Crop	Tillage Type*	Cover Crop

\*Tillage type indicates one of the following: conventional, strip-till, no-till, or minimum till.

# **TAB 8**

## **CPA Information**

# 2017 CPA Applicator Information

List all the applicators and certification numbers used on your farm operation below. If pesticide applicator is not certified, list the certification number of the certified supervisor.

Applicator Name	Certification Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

# 2017 CPA Information

**Save Time:** The Federal record keeping regulations require the certified private applicator to record the brand/product name and the U.S. Environmental Protection Agency (EPA) registration number of the federally restricted-use pesticide (RUP) he/she applies. You will be able to save time by listing the brand/product name, EPA registration number, and active ingredients(s) of the pesticides you apply on this page and then entering the corresponding number(s) to complete your CPA records.

Code	Brand Name	EPA Registration No.	Active Ingredient	Label on File "✓"	SDS on File "✓"
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

# 2017 Sprayer Calibration

Adapted from: T. David Reed, Virginia Tech Extension Tobacco Agronomist, “Calibration” in 2014 Virginia Tech Flue Cured Production Guide

The most convenient sprayer calibration procedure is the “1/128th acre” method. 1/128th of an acre is chosen because there are 128 oz. in a gallon and this allows for an easy determination of the application rate in gal. per acre with a measured output in ounces.

## 1/128th of an acre Calibration Procedure for Broadcast Boom Application

1. Determine the calibration distance to travel according to nozzle spacing from the chart below.
2. Record the travel time over the calibration distance with equipment attached and operating in appropriate field conditions at the desired speed.
3. Collect spray material (water) from a nozzle for the amount of time from step 2. Operate sprayer with the same engine speed as used to determine travel time and the desired sprayer pressure.

**Ounces collected per nozzle = gal. per acre**

### Calibration Distances for Various Nozzle Spacings

Spacing	Distance		Spacing	Distance
10 in.	408 ft.		30 in.	136 ft.
12 in.	340 ft.		36 in.	113 ft.
16 in.	255 ft.		40 in.	102 ft.
18 in.	227 ft.		42 in.	97 ft.
20 in.	204 ft.		44 in.	93 ft.
22 in.	186 ft.		46 in.	89 ft.
24 in.	170 ft.		48 in.	85 ft.

**Example** – For a broadcast boom with a nozzle spacing of 22 in. the calibration distance is 186 ft. The travel time with the sprayer in the field is found to be 32 seconds. Twenty-five ounces of water is collected from one nozzle for 32 seconds at the desired pressure so the application rate is 25 gal. per acre.

**More than one nozzle per row:** When more than one nozzle is used per row with over-the-top applications such as sucker control and insecticide sprays, collect the output from each nozzle per row and combine for a total for the row (this is not a banded application). The nozzle spacing is considered to be the row spacing.

**Banded applications:** use the width of the spray band as the nozzle spacing. For example, with a 20 in. band with 48 in. row spacing, the travel distance is 204 ft. The treated acreage will be 42% of the acreage actually traveled (20 in. divided by 48 in. times 100).

**Checking for uniformity:** Although the output of individual spray nozzles is collected to determine application rate, the output of multiple nozzles should be collected and compared to each other to verify the uniformity of the spray application. Replace any spray tip that is more that 10% off the average of all the nozzles.

# 2017 Sprayer Calibration Log

The effectiveness of any pesticide depends upon the proper application and placement of the chemical. The purpose of calibration is to insure that your chemical application machinery is uniformly applying the correct amount of material over a given area. Although you may have the right chemical mixture, it is still possible to apply the wrong amount.

	Sprayer:	Sprayer:	Sprayer:	Sprayer:	Sprayer:
<b>Date Calibrated</b>					
<b>Sprayer Type</b> (hi-boy, tractor mounted, backpack)					
<b>Nozzle Type and Size</b>					
<b>Pressure</b>					
<b>Speed (mph)</b>					
<b>Tractor/ Sprayer Throttle (rpm)</b>					
<b>Tractor/ Sprayer Gear</b>					
<b>Spray Volume (gal/ac)</b>					

# TAB 9

## Labor and Housing Records

### Labor and Housing Checklist

**Complete I-9's for every employee**

(I-9 forms) completed and copies retained for each employee. Complete the I-9 log provided for GAP assessment verification. A copy of an I-9 Form is included in this section.

**If using a labor contractor (crew leader) make a copy of his DOL certificate and retain in this book.**

An example of a FLC registration is included in this section.

**If minors employed, complete required records**

If working labor is less than 18 years of age, complete the state forms required and the records needed for minors in this section.

**If housing is provided, complete an inspection**

If labor is housed on your farm, records of inspections should be inserted in this book and housing terms and conditions should be posted.

**Complete worker terms and conditions for each employee**

Worker terms and conditions of employment completed (Posted with your other employment posters or offered to your employees) Retain copies for your records. A template form is included in this section in English and Spanish (WH 516).

**Complete wage statements for each employee**

Wage statements (time sheets) for each employee. If using a labor crew leader, you will need copies of his records of weekly time sheets for each employee working on your farm. A template wage statement is included in this section (WH-501).

# 2017 Labor and Housing Records

## I-9 Log

I-9's should be completed for anyone who works on your farm. A copy of an I-9 form is included in this section. An I-9 log will be reviewed during the on-farm assessment. If more than 25 employees, copies of the blank log may be made.

	Employee Name	Date I-9 was completed
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		



# 2017 Labor and Housing Records

## Labor Contractor

Do you use a labor contractor?

- Yes
- No

Do you have a copy of the labor contractor's certificate of registration?

- Yes
- No

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## Record of Minors Working on Farm

- There are no minors working on this farm.

Name	Permanent Address	Current Address	Date of Birth

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## Housing

Do you provide housing?

- Yes, Number of workers living on the farm: \_\_\_\_\_
- No

Date of most recent housing inspection: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of inspection agency: \_\_\_\_\_

**Please keep a copy of the most recent housing inspection with your GAP records.**

## Housing Safety and Health Checklist

OSHA 1910.142 Temporary Labor Camps

### Site including refuse disposal: (29 CFR 1910.142 (a) (h))

- Drainage must be adequate (29 CFR 1910.142 (a)(1)) (not subject to periodic flooding, danger to domestic water supply, or inactive water)
- Site must be 500 ft. from livestock (29 CFR 192.142(a)(2))
- Site must be free from rubbish, debris, waste paper, garbage or other refuse (29 CFR 1910.142(a)(3))
- Insect and rodent proof refuse containers provided (one container per family unit)
- Containers should be kept clean and at least 100 ft. of shelters (29 CFR 1910.142 (h)(1))
- Containers should be kept on a wooden, metal or concrete stand (29 CFR 1910.142 (h)(1))
- Containers should be emptied no less than twice a week or when full (29 CFR 1910.142 (h)(3))
- Garbage containers that are leak proof with tight lids should be provided in the kitchen area (29 CFR 1910.142 (i))

### Shelter including lighting: (29 CFR 1910.142 (b) (g))

#### SLEEPING QUARTERS

- Must have at least 50 sq. ft. per person in sleeping rooms (29 CFR 1910.142 (b)(2)) (Ceilings at least 7 ft .high)
- Sleeping rooms must contain wall lockers for clothing as well as beds, cots or bunks (no triple bunks) provided for each farmworker (29 CFR 1910.142 (b)(3))

#### COMMON AREAS

- Housing must be protected from the elements (29 CFR 1910.142 (b)(1))
- Floors must be made of wood, asphalt or concrete and must be in good repair (29 CFR 1910.142 (b)(4))
- No broken windows and should be able to open at least halfway for ventilation purposes (29 CFR 1910.142 (b)(7))
- All openings screened, screen doors should be equipped with self-closing devices (29 CFR 1910.142 (b)(8))
- Should be at least 100 sq. ft. per person in a room where farmworkers cook, live and sleep (29 CFR 1910.142 (b)(9))

#### COOKING AREAS

- Sanitary facilities provided for cooking and storing food (29 CFR 1910.142 (b)(9))
- At least one stove, in an enclosed and screened shelter, for every 10 people or 2 families (29 CFR 1910.142 (b)(10))
- Poisonous or toxic materials should not be stored with food or in areas of food preparation (29 CFR 1910.142 (i))
- Central eating facilities should be separate from sleep quarters (29 CFR 1910.142 (i)(2))
- Kitchen along with all equipment and utensils should be kept clean (29 CFR 1910.142(i))

#### HEATING

- Heating, cooking and water heating equipment installed in accordance with applicable codes and regulations and adequate heating provided in every shelter during cold weather (29 CFR 1910.142 (b)(11))

#### LIGHTING

- Each room should be supplied with at least one ceiling-type light fixture and electrical outlets (29 CFR 1910.142 (g))

### Water Supply (29 CFR 1910.142 (c))

- Water must be adequate for drinking, cooking, bathing and laundry and approved by appropriate health authorities (29 CFR 1910.142 (c))
- At least 35 gallons of water must be provided per day, per person at a peak rate of 2 ½ times the average hourly demand (29 CFR 1910.142 (c)(2))
- If indoor water facilities are not provided, shelters must be within 100 ft. of a yard hydrant. (29 CFR 1910.142 (c)(3))
- When water under pressure is available, 1 water fountain for each 100 farmworkers must be provided. Common drinking cups are prohibited. (29 CFR 1910.142(c)(4))
- Hot and cold running water must be provided (29 CFR 1910.142 (i))

**Toilet Facilities /Sewage (29 CFR 1910.142 (d) (e))**

- Toilet rooms should be accessible without crossing through a sleeping room (29 CFR 1910.142(d)(2))
- Each toilet room must have at least a 6 sq. ft. opening to the outside for adequate ventilation (29 CFR 1910.142 (d)(2))
- Bathrooms must be cleaned daily, if privies are used they must be 100 ft. away from any sleeping, dining, lunch area or kitchen (29 CFR 1910.142 (d)(3) and (10))
- Separate toilet facilities must be provided for each sex and separated by walls or partitions extended from the floor to the ceiling (29 CFR 1910.142 (d)(4))
- Required ratio of one toilet facility for each 15 persons, with a minimum of two units, and urinals of at least 2 feet trough for every 25 men (29 CFR 1910.142(d)(5) and(6))
- Toilets kept in sanitary condition with toilet paper provided in adequate supply (29 CFR 1910.142 (d) (9) and (10))
- If public sewers are available, sewer lines and drains should be connected (29 CFR 1910.142 (e))

**Laundry, Hand washing, and Bathing Facilities (29 CFR 1910.142 (f))**

- Laundry, Hand washing, and Bathing facilities should be provided with floors, walls and partitions waterproof, smooth or and/or non-slip (29 CFR 1910.142 (f)(1) and (2))
- At least 1 shower for every 10 persons (29 CFR 1910.142 (f)(1))
- 1 hand wash basin per family shelter or 1 basin for every 6 persons in shared facilities (29 CFR 1910.142 (f)(1))
- 1 laundry tray/tub for every 30 persons (29 CFR 1910.142 (f)(1))
- Slop sinks should be provided in buildings used for laundry, hand washing and bathing (29 CFR 1910.142 (f)(1) and (6))
- Adequate supply of hot and/or cold running water for bathing and laundry purposes (29 CFR 1910.142 (f)(3))
- Facilities for drying clothes should be provided (29 CFR 1910.142 (f)(5))

**Insect and rodent control/First Aid/Communicable Disease (29 CFR 1910.142 (j) (k) (l))**

- Effective measures shall be taken to prevent infestation by and harborage of insects, animals and/or pests (29 CFR 1910.142 (j))
- Food should be free from vermin, rodents, flies, and spoilage. (29 CFR 1910.142 (i))
- First aid supplies and equipment should be available to all workers in the camp (29 CFR 1910.142 (k)(1))
- A person in the camp should be trained to administer first aid (29 CFR 1910.142 (k)(2))
- Must report to local health authorities the identity of anyone in the camp suspected of having a communicable disease (29 CFR 1910.142 (l)(1))
- Must report to local health authorities immediately a case of food poisoning or an unusual prevalence of any illness in which fever, diarrhea, sore throat, vomiting or jaundice is prominent. (29 CFR 1910.142 (l)(2))
- Persons with a communicable disease should not be working in preparation, cooking or handling of food (29 CFR 1910.142(i))

**Note: This checklist reflects portions of the Housing Safety & Health regulation under OSHA 29 CFR 1910.**

**You may view OSHA 29 CFR 1910.142 (subpart J) at the following link:**

[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=9791](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9791)



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial	Other Names Used ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )			Apt. Number	City or Town		State Zip Code
Date of Birth ( <i>mm/dd/yyyy</i> )	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]	E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

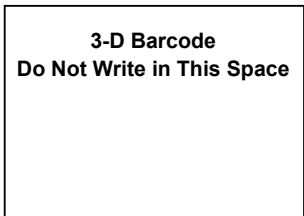
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date ( <i>mm/dd/yyyy</i> ):
------------------------	-----------------------------

**Preparer and/or Translator Certification** (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date ( <i>mm/dd/yyyy</i> ):	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )	
Address ( <i>Street Number and Name</i> )		City or Town	State Zip Code



*Employer Completes Next Page*



## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>3-D Barcode</b> Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

## Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

## Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                (1) NOT VALID FOR EMPLOYMENT                (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION                (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol>
<ol style="list-style-type: none"> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> </ol>		<ol style="list-style-type: none"> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> </ol>		<ol style="list-style-type: none"> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> </ol>
<ol style="list-style-type: none"> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> </ol>		<ol style="list-style-type: none"> <li>3. School ID card with a photograph</li> </ol>		<ol style="list-style-type: none"> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> </ol>
<ol style="list-style-type: none"> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> </ol>		<ol style="list-style-type: none"> <li>4. Voter's registration card</li> </ol>		<ol style="list-style-type: none"> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> </ol>
<ol style="list-style-type: none"> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> </ol>		<ol style="list-style-type: none"> <li>5. U.S. Military card or draft record</li> </ol>		<ol style="list-style-type: none"> <li>5. Native American tribal document</li> </ol>
<ol style="list-style-type: none"> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>6. Military dependent's ID card</li> </ol>		<ol style="list-style-type: none"> <li>6. U.S. Citizen ID Card (Form I-197)</li> </ol>
		<b>For persons under age 18 who are unable to present a document listed above:</b>		<ol style="list-style-type: none"> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> </ol>
		<ol style="list-style-type: none"> <li>7. U.S. Coast Guard Merchant Mariner Card</li> </ol>		<ol style="list-style-type: none"> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>
		<ol style="list-style-type: none"> <li>8. Native American tribal document</li> </ol>		
		<ol style="list-style-type: none"> <li>9. Driver's license issued by a Canadian government authority</li> </ol>		
		<ol style="list-style-type: none"> <li>10. School record or report card</li> </ol>		
		<ol style="list-style-type: none"> <li>11. Clinic, doctor, or hospital record</li> </ol>		
		<ol style="list-style-type: none"> <li>12. Day-care or nursery school record</li> </ol>		

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**



**Farm Labor Contractor Certificate of Registration**

No. C-  
Expires

Name \_\_\_\_\_  
I certify that the person named above is registered pursuant to the Migrant and Seasonal Agricultural Worker Protection Act and is authorized to perform the following activities covered by the Act: Recruit, solicit, furnish, hire and employ.

Transportation  Authorized  Not Authorized  
Housing  Authorized  Not Authorized  
Driving  Authorized  Not Authorized

Transportation and/or Housing Authorization is specified on this Certificate.

Approved \_\_\_\_\_ Date \_\_\_\_\_  
(Assistant Regional Administrator) WH-511 (6/96)

The following vehicle(s) is/are authorized to transport migrant and seasonal agricultural workers within the meaning of the Act as specified below unless such authorization is otherwise terminated.

Yr.	Make and Model	Serial or Motor No.	No. of Seats in Vehicle	Authorization Ending

Worker's Compensation Insurance Holders (If applicable):  
C- \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_

Social Security Account No. \_\_\_\_\_  
Social Security Employer ID No. \_\_\_\_\_  
Perm. Home Address \_\_\_\_\_  
(City or Town) (State) (ZIP Code)

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
(Month, Day, Year)

This certificate is based on the Migrant and Seasonal Agricultural Worker Protection Act and regulations issued thereunder, and on my application for registration. It may be revoked or suspended, or its renewal denied, for noncompliance with the Act or regulations, including applicable requirements for transporting and housing migrant workers. Such noncompliance may constitute a criminal offense.

\_\_\_\_\_  
(Signature of Holder) (Title)

Location of Facilities or Real Properties:  
1) \_\_\_\_\_  
Type of Construction \_\_\_\_\_ No. of Units \_\_\_\_\_  
Owner's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
2) \_\_\_\_\_  
Type of Construction \_\_\_\_\_ No. of Units \_\_\_\_\_  
Owner's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Based on the contractor's submission, housing is authorized at the above locations unless such authorization is otherwise terminated:  
C- \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_

**Example ONLY**

**Insert Farm Labor Contractor**

**Registration Here**



**FLCE Certificate of Registration**

No. E  
Expires

Name \_\_\_\_\_  
(Last) (First) (Middle)

I certify that the person named above is registered pursuant to the Migrant and Seasonal Agricultural Worker Protection Act and is authorized to perform the following activities covered by the Act: Recruit, solicit, furnish, hire and employ.

Employer's Name \_\_\_\_\_

Registration Number \_\_\_\_\_

Driving  Authorized  Not Authorized

Approved \_\_\_\_\_ Date \_\_\_\_\_  
(Assistant Regional Administrator) Form WH-513 (6/84)

Social Security Account No. \_\_\_\_\_  
Permanent Home Address \_\_\_\_\_  
(City or Town) (State) (ZIP Code)

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
(Month) (Day) (Year)

This Certificate of Registration is based on the Migrant and Seasonal Agricultural Worker Protection Act and regulations issued thereunder, and on my application for registration. It may be revoked or suspended, or its renewal denied, for noncompliance with the Act or regulations. Such noncompliance may constitute a criminal offense.

\_\_\_\_\_  
(Signature of Holder) (Title)



OMB No. 1235-0002  
Expires/Se caduca: 06/30/2017

HOUSING TERMS AND CONDITIONS

TÉRMINOS Y CONDICIONES DE LA VIVIENDA

Important Notice to Migrant Agricultural Worker: The Migrant and Seasonal Agricultural Worker Protection Act requires the furnishing of the following information.

Aviso Importante Para Obreros Agrícolas Migratorios: La Ley Para la Protección de Obreros Migratorios y Temporeros exige que se provea la información siguiente.

1. The housing is provided by

1. La vivienda la provee

Name \_\_\_\_\_

Nombre \_\_\_\_\_

Address \_\_\_\_\_  
City & state / Zip code

Dirección \_\_\_\_\_  
Ciudad y estado / Código Postal

2. Individual(s) in charge

2. Persona(s) encargada(s)

Name \_\_\_\_\_

Nombre \_\_\_\_\_

Address \_\_\_\_\_  
City & state / Zip code

Dirección \_\_\_\_\_  
Ciudad y estado / Código Postal

Phone \_\_\_\_\_

Teléfono \_\_\_\_\_

3. Mailing address of housing facility

3. Dirección de correo de la vivienda

Address \_\_\_\_\_  
City & state / Zip code

Dirección \_\_\_\_\_  
Ciudad y estado / Código Postal

Phone \_\_\_\_\_

Teléfono \_\_\_\_\_

4. Conditions of occupancy

4. Condiciones de ocupación

Who may live in housing facility
Charges made for housing (if none, so state)
Meals provided (if none, so state)
Charges for utilities (if none, so state)
Other charges, if any
Other conditions of occupancy

Quién puede habitar la vivienda
Cargos hechos por proporcionar la vivienda (Si no los hay, declárelo)
Comidas proporcionadas (si no las hay, declárelo)
Cargos por servicios( luz, agua, gas) (si no los hay, declárelo)
Otros cargos, si los hay
Otras condiciones de ocupación



**Important Notice to Farm Labor Contractor,  
Agricultural Employer, or Agricultural Association:**

This form may be used for the disclosure required by section 201(c) of the act. It must be posted in a conspicuous place or presented to each worker in English, Spanish, or another language, as appropriate.

**Public Burden Statement**

We estimate that it will take an average of 30 minutes to complete this information collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. If you have any comments regarding these estimates or any other aspect of this survey, including suggestions for reviewing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.**

**Aviso Importante Para Contratistas de Trabajo  
Agrícola, Empleadores Agrícolas o Asociaciones  
Agrícolas:**

Se puede utilizar este formulario para la declaración exigida por la sección 201 (c) de la ley. Se tiene que exhibir en un lugar conspicuo o se le tiene que dar una copia a cada obrero en inglés, español u otro idioma, según la necesidad.

**Declaración Pública de Responsabilidad**

Se calcula que tomará un promedio de 30 minutos para rellenar la compilación de esta información, incluyendo el tiempo para repasar las instrucciones, para buscar las fuentes informativas existentes, para recolectar y mantener la información necesaria, y para rellenar y repasar la compilación de la información. Si tiene algún comentario sobre estos cálculos o sobre cualquier otro aspecto de esta encuesta, incluyendo sugerencias para repasar esta responsabilidad, envíelos al Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**Se le a visa al que rellene este formulario que no responda a la compilación de esta información a menos que se encuentre y se exhiba un número actualmente válido de control de OMB.**

WH-521  
Rev. 06/2011

**Migrant and Seasonal Agricultural  
Worker Protection Act**

**U.S. Department of Labor**  
Wage and Hour Division



OMB NO: 1235-0002  
Expires: 06/30/2017

**Worker Information—Terms and Conditions of Employment**

1. Place of employment: \_\_\_\_\_

2. Period of employment: From \_\_\_\_\_ To \_\_\_\_\_

3. Wage rates to be paid: \$ \_\_\_\_\_ per Hour Piece Rate \$ \_\_\_\_\_ per \_\_\_\_\_

4. Crops and kinds of activities: \_\_\_\_\_

5. Transportation or other benefits, if any: \_\_\_\_\_

Charge(s) to workers, if any: \_\_\_\_\_

6. Workers' compensation insurance provided: Yes  No

Name of compensation carrier: \_\_\_\_\_

Name and address of policyholder(s): \_\_\_\_\_

Person(s) and phone number(s) of person(s) to be notified to file claim: \_\_\_\_\_

Deadline for filing claim: \_\_\_\_\_

7. Unemployment compensation insurance provided: Yes  No

8. Other benefits: \_\_\_\_\_ Charge(s) \_\_\_\_\_

9. For migrant workers who will be housed, the kind of housing available and cost, if any: \_\_\_\_\_

Charge(s) \_\_\_\_\_

10. List any strike, work stoppage, slowdown, or interruption of operation by employees at the place where the workers will be employed. (If there are no strikes, etc., enter "None"):

\_\_\_\_\_  
\_\_\_\_\_

11. List any arrangements that have been made with establishment owners or agents for the payment of a commission or other benefits for sales made to workers. (If there are no such arrangements, enter "None"):

\_\_\_\_\_  
\_\_\_\_\_

Name of Person(s) Providing This Information: \_\_\_\_\_

**Note:** The Department of Labor—Wage and Hour Division makes this form available in certain other languages to enable employers to satisfy the requirement that the terms and conditions of employment be disclosed in a language common to the workers. Contact the nearest office of the Wage and Hour Division to obtain such forms.

While completion of Form WH516 is optional, it is mandatory for Farm Labor Contractors, Agricultural Employers, and Agricultural Associations to disclose employment terms and conditions in writing to migrant and day-haul workers upon recruitment, and to seasonal workers other than day-haul workers upon request when an offer of employment is made to respond to the information collection contained in 29 CFR §§ 500.75-500.76. This optional form may be used to disclose the required information. Thereafter, any migrant or seasonal worker has the right to have, upon request, a written statement provided to him or her by the employer, of the information described above. This optional form may also be used for this purpose.

We estimate that it will take an average of 32 minutes to complete this collection of information, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, Room S3502, 200 Constitution Avenue NW, Washington, D.C. 20210. **Do NOT send the completed form to this office.**

### Información Sobre el Obrero -Términos y Condiciones de Empleo

1. Lugar de empleo: \_\_\_\_\_
2. Período de empleo: De \_\_\_\_\_ a \_\_\_\_\_
3. Tasas de salarios a pagar: \$ \_\_\_\_\_ por hora Pago a destajo \$ \_\_\_\_\_ por \_\_\_\_\_
4. Cultivos y tipos de actividades: \_\_\_\_\_
5. Transporte u otros beneficios, si los hay: \_\_\_\_\_  
\_\_\_\_\_  
Gastos con cargo a los obreros, si los hay: \_\_\_\_\_
6. Seguro de Indemnización para obreros que se provee: Sí No  
Nombre de la compañía de seguros: \_\_\_\_\_  
Nombre y dirección del (de los) asegurado(s): \_\_\_\_\_  
\_\_\_\_\_  
Persona(s) y número de teléfono de la(s) persona(s) a notificar para presentar reclamación: \_\_\_\_\_  
\_\_\_\_\_  
Fin de plazo para presentar reclamación: \_\_\_\_\_
7. Seguro de indemnización por desempleo que se provee: Sí No
8. Otros beneficios: \_\_\_\_\_ Gasto(s) \_\_\_\_\_
9. En el caso de que los obreros migratorios necesiten alojamiento, el tipo de alojamiento disponible y el costo, si lo hay: \_\_\_\_\_  
\_\_\_\_\_  
Cargo(s): \_\_\_\_\_
10. Enumere cualquier huelga, paro de trabajo, retraso o interrupción de las operaciones por parte de los empleados en el lugar donde se empleará a los obreros. (Si no hay huelgas, etc., indique "Ninguna").  
\_\_\_\_\_  
\_\_\_\_\_
11. Indique cualquier acuerdo o convenio que se haya hecho con los propietarios del establecimiento o con los agentes para el pago de una comisión u otros beneficios por ventas hechas a los obreros. (Si no hay ningún acuerdo o convenio, indique "Ninguno"):  
\_\_\_\_\_  
\_\_\_\_\_

Nombre de la(s) persona(s) que proporciona(n) esta información: \_\_\_\_\_

Nota: La Sección de Horas y Sueldos del Departamento de Trabajo pone a la disposición este formulario en otros idiomas para permitirles a los empresarios que cumplan con el requisito de notificación de los términos y las condiciones en un idioma que sea común a los obreros. Póngase en contacto con la oficina más cercana de la Sección de Horas y Sueldos para obtener dichos formularios.

Mientras que rellenar el Formulario WH-516 es opcional, se exige que los Contratistas de Trabajo Agrícola, los Empresarios Agrícolas y las Asociaciones Agrícolas les revelen los términos y las condiciones de empleo por escrito a los obreros migratorios y a los jornaleros de cargas al ser reclutados, y a obreros temporeros aparte de jornaleros de cargas a petición cuando se hace una oferta de empleo para responder a la compilación de información contenida en 29 CFR §§ 500.75 – 500.76. Se puede usar este formulario opcional para revelar la información exigida. De allí en adelante, cualquier obrero(a) migratorio(a) u obrero(a) temporero tiene derecho a recibir, a petición, una declaración escrita proveída a él/ella por el empresario con la información descrita arriba. También se puede usar este formulario opcional para este propósito.

Se calcula que se tomará un promedio de 32 minutos para rellenar toda esta compilación de información, incluido el tiempo para repasar las instrucciones, buscar las fuentes de datos existentes, recolectar y mantener los datos necesarios y rellenar y repasar la compilación de la información. Si tiene algún comentario con respecto a este cálculo de obligación o cualquier otro aspecto de esta compilación de información, inclusive recomendaciones para reducir esta carga, envíelos a Administrator, Wage and Hour Division, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**NO Envíe a Esta Oficina el Formulario Con la Información.**

**No es necesario responder a esta información a menos que tenga un número válido de OMB.**

**Wage Statement**  
(Optional Form)

**U.S. Department of Labor**  
**Wage and Hour Division**



Employee					Social Security No.			OMB No.: 1235-0002 Expires: 06/30/2017	
Permanent Address								Workweek Ending (Month, Day, Year)	
								Total Hours Worked in Week	
Day/Date	Sun/	Mon/	Tues/	Wed/	Thurs/	Fri/	Sat/		
Starting Time								Itemized Deductions	
Quitting Time								FICA	
Hours Worked								Federal Tax	
Crop/Task Units Done								State Tax	
								Rent	
								Total Gross Pay	Food
									Transportation
Rate of Pay (Hourly or Piece Rate)								Other	
Daily Pay								Other	
Employer								Total Deductions	
Address									
Employer identification number								Date Paid:	

**Instructions**

Properly filled out, this optional form will satisfy the requirements of sections 201 (d), (e), and (g) and sections 301 (c), (d), and (f) of the Migrant and Seasonal Agricultural Worker Protection Act (MSPA). 29 U.S.C. §§ 1821(d)-(e),(g), 1831(c)-(d),(f); 29 C.F.R. § 500.80. This form also satisfies statutory requirements under section 11 (c) of the Fair Labor Standards Act (FLSA). 29 U.S.C. § 211(c).

**PAYROLL INFORMATION:** Enter the month, day and year on which the MSPA worker's payroll workweek ends. Enter the calendar date of the day worked. Enter the time work started and ended each day. Enter the total time actually worked each day. Subtract bona fide meal periods. Crop/Task - Units done - Enter the kind of work (such as picking oranges per bin) and the number of units produced if the employee is paid on a piece work or task basis. Enter the hourly or piece rate of pay. Enter the amount of the gross daily pay computed at the hourly and/or piece rate.

**ITEMIZED DEDUCTIONS:** In addition to FICA (Social Security), federal tax, state tax, and rent, food, and transportation deductions (if any), enter any other specified deductions in right column and then transfer to left column. Subtract total deductions from total Gross Pay. Enter the result as Net Pay (Amount Due Employee). Enter date worker is paid.

**PUBLIC BURDEN STATEMENT**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. This collection of information is authorized by MSPA sections 201(d) and 301(c). 29 U.S.C. §§ 1821(d), 1831(c), 1851-1853; 29 C.F.R. § 500.80. While use of this form is optional, it is mandatory for MSPA-covered entities to maintain the information and to provide it in written form. 29 U.S.C. §§ 1821(d),(e),(g), 1851, 1853, 1854; 29 C.F.R. § 500.80. The DOL uses this form to determine employer compliance with the MSPA.

We estimate it will take an average of one (1) minute to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspects of this information collection, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Wage and Hour Division, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.**

**Declaración de Salario**  
(Formulario Opcional)

**Departamento De Trabajo De EEUU**  
Sección de Horas y Sueldos



Obrero: \_\_\_\_\_ Número del Seguro Social: \_\_\_\_\_ OMB No.: 1235-0002 Vence: 06/30/2017  
 Dirección Permanente: \_\_\_\_\_ Semana laboral que termina (mes, día, año)

Día/fecha	domingo/	lunes/	martes/	miércoles/	jueves/	viernes/	sábado/	Total de horas trabajadas en la semana		
Hora de comenzar									<b>DEDUCCIONES ENUMERADAS</b>	
Hora de terminar									FICA	
Horas trabajadas									Impuesto federal	
<b>Cosecha/faena</b> Unidades terminadas									Impuesto estatal	
								<b>Total de Pago Bruto</b>	Alquiler	
									Comida	
									Transporte	
<b>Tasa de pago (por hora o pago a destajo)</b>									Otra deducción	
Salario diario									Otra deducción	
Empresario _____									<b>Total de deducciones</b>	
Dirección _____									<b>Pago neto (Cantidad debida al obrero)</b>	<b>Fecha de pago</b>
Número de identidad del empresario: _____										

**INSTRUCCIONES**

Correctamente relleno, este formulario opcional satisficará las exigencias de las secciones 201 (d), (e), y (g) y de las secciones 301 (c), (d), y (f) de la Ley para la Protección de los Obreros Agrícolas Migratorios y Temporeros (MSPA-siglas en inglés). 29 U.S.C. §§ 1821 (d)-(e), (g), 1831 (c)-(d), (f); 29 C.F.R. § 500.80. Este formulario también satisface las exigencias estatutarias bajo la sección 11 (c) de la Ley de Normas Justas de Trabajo (FLSA-siglas en inglés). 29 U.S.C. § 211 (c).

**INFORMACIÓN SOBRE LA NÓMINA DE PAGOS:** Rellene el mes, día y año en los cuales la semana laboral de la nómina de pago bajo MSPA del empleado termina. Rellene la fecha civil del día trabajado. Rellene a qué hora el trabajo comenzó y a qué hora terminó cada día. Rellene el total del tiempo trabajado cada día. Reste los períodos de comidas de buena fe. Cosecha/ faena -Unidades terminadas -Rellene el tipo de trabajo desempeñado (como recoger naranjas por recipiente) y rellene el número de las unidades producidas si al obrero se le paga a destajo o a base de faena. Rellene el pago por hora o por pieza. Rellene la cantidad del pago diario bruto computado por el pago por hora y/o por pieza.

**DEDUCCIONES ENUMERADAS:** Además de FICA (Seguro Social), impuesto federal, impuesto estatal, el alquiler, la comida, y las deducciones por el transporte (si existen), rellene cualquier otra deducción especificada en la columna a la derecha y luego pásela a la columna izquierda. Reste el total de las deducciones del total del pago bruto. Rellene el resultado como pago neto (cantidad debida al obrero). Rellene la fecha cuando se le paga al obrero.

**DECLARACIÓN DE RESPONSABILIDAD**

Se le avisa al que rellene este formulario que no tiene que responder a esta compilación a menos que se encuentre y se exhiba un número actualmente válido de control de OMB. Las secciones 201 (d) y 301 (c) bajo MSPA autorizan esta compilación de información. 29 U.S.C. §§ 1821 (d), 1831 (c), 1851-1853; 29 C.F.R. § 500.80. Aunque el uso de este formulario es opcional, se le exige a toda entidad bajo el alcance de MSPA que mantenga la información y que la proporcione por escrito. 29 U.S.C. §§ 1821 (d), (e), (g), 1851, 1853, 1854; 29 C.F.R. § 500.80. El Departamento de Trabajo utiliza este formulario para determinar el cumplimiento del empresario con la ley MSPA. Se calcula que tardará un promedio de un (1) minuto para completar esta compilación de información, incluyendo el tiempo que se necesita para repasar las instrucciones, buscar las fuentes de datos existentes, recolectar y mantener los datos necesarios, y para rellenar y repasar la compilación de información. Si Ud. tiene algún comentario sobre estos cálculos de la responsabilidad o sobre cualquier otro aspecto de la compilación de esta información, inclusive sugerencias para reducir esta carga, envíelos al U.S. Department of Labor, Wage and Hour Division, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210. No Envíe El Formulario Después de Rellenarlo A Esta Oficina.

# TAB 10

## Labor Training Records

### Labor Training Checklist

**Provide safety and crop integrity training for employees**

Use the documents provided in this section. Make additional copies if needed. Check the training topics that you discuss and have the employees sign. Keep a copy of this record in your binder.

**If you transport workers, complete inspection report**

A safety inspection is required for vehicles that transport workers on your farm. If contracted labor is used, follow the directions on the insert provided (Vehicle Mechanical Inspection Report WH-514).

**Document any accidents on the farm**

If an accident occurs on your farm, complete the document inserted in this section (OSHA Form 300). Keep a copy for your records in this binder.

# 2017 Worker Safety Training Documentation

**Farm Name:** \_\_\_\_\_

**Trainer Name:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**The following Worker Safety and Training Topics have been presented and discussed:**

- General farm safety
- Machinery safety (Tractors/Trailers, Harvesters)
- Barn area and Tobacco Baler Safety (working around baler/hanging tobacco/structural safety)
- Harvesting tobacco (using tobacco knives and spears)
- Prevention of carbon monoxide poisoning in dark-fired tobacco barns
- Heat stress safety and precautions for green tobacco sickness
- Required Worker Protection Standard training, including pesticide safety and precautions, use of PPE, restricted entry intervals (REI), and understanding Safety Data Sheets (SDS)
- Emergency response and first-aid
- Other: \_\_\_\_\_

**Source of Training**

- Verbal discussion
- Safety and training video (source: \_\_\_\_\_)
- Other: \_\_\_\_\_

By signing below, the employee agrees to having received this training and understands the dangers associated.

	Printed Name	Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

# Guidelines Regarding Health & Safety

## Heat Stress

- Workers who are exposed to hot and humid conditions are at risk of heat-related illness.
- The risk of heat-related illness becomes greater as the weather gets hotter and more humid.
- The heat index can be used to help determine the risk of heat-related illness for outdoor workers, what actions are needed to protect workers, and when those actions are triggered.

Heat Index	Risk Level	Protective Measures
Less than 91°F	Lower (Caution)	Basic heat safety and planning
91°F to 103°F	Moderate	Implement precautions and heighten awareness
103°F to 115°F	High	Additional precautions to protect workers
Greater than 115°F	Very High to Extreme	Triggers even more aggressive protective measures

- The steps employers should take in response to an elevated heat index are the same type of steps that they would follow to address other hazards in the workplace:
  - Develop an illness prevention plan for work based on the heat index
  - Train your workers how to recognize and prevent heat-related illness
  - Track the worksite heat index daily; communicate it and the required precautions to workers
  - Implement your plan; review and revise it throughout the summer
- OSHA Heat Safety Tool App: [https://www.osha.gov/SLTC/heatillness/heat\\_index/heat\\_app.html](https://www.osha.gov/SLTC/heatillness/heat_index/heat_app.html)
- Learn more about Heat Stress: <https://www.osha.gov/SLTC/heatstress/>





# Air and Fire Cured Barn Inspection

Hanging tobacco in barns or other curing structures can be very dangerous if proper precautions are not taken. Prior to harvest, all curing structures should be inspected and evaluated for safety and prepared for housing.

Below are several steps to take as part of a Barn Safety Inspection.

## Outside the Structure:

- Check for structural integrity by observing if the structure is leaning.
- Ensure that the building is not showing any signs that it may not be able to withstand normal winds and weather events or the weight you will be placing on the rails.

## Inside the Structure:

- Check structural supports like barn poles, beams and braces for decay, cracks, breaks or loose or broken braces.
- Space rails properly to allow for maximized worker safety and stability.
- Replace any rails that are broken or show signs of rotting, cracking or splintering.
- Clear the barn of any insect nests such as bees, wasps, or hornets.
- In multi-tiered barns, create a clear and safe path for workers to climb to assigned rail.
- Remove any items off the floor of the barn that would cause harm to someone to fall on such as equipment and sharp objects.

## Worker Safety Tips:

- Workers who will be working on rails above other workers should remove any loose items such as tools, cell phones, pens, knives, and/or keys that may cause a hazard to those below.
- Workers should be wearing sturdy shoes that have tread and are not slippery.
- Ensure workers are not tired or under the influence of any substance before assigning them to upper rails in multi-tiered barn.
- Check often for signs of fatigue amongst workers who are working in the barns and make sure breaks are taken to reduce fatigue and muscle strain from repetitive bending and lifting. Have plenty of drinking water available.
- Workers should be properly trained in a language they can understand as to how to properly climb rails, handle tobacco, etc.
- Instruct workers to keep three points of contact when climbing such as one hand and two feet or two hands and one foot.
- Workers should be aware of emergency protocol in the case of a fall or other accident.

# Air and Fire Cured Barn Inspection Log

This inspection should be done at minimum prior to having any workers enter the barn. However, it is recommended that each time workers enter the barn that the barn is inspected to make sure new issues have not popped up.

Date	Barn ID	Who did the inspection?	Comments <i>(ex: good condition, replaced two rails)</i>

# 2017 Crop Integrity Training Documentation

Farm Name: \_\_\_\_\_

Trainer Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The following Crop Integrity Training Topics have been presented and discussed:

- Grade separation
- Moisture and bale weights
- NTRM prevention (see NTRM Prevention section for worker training tips)
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

## Source of Training

- Verbal discussion
- Safety and training video (source: \_\_\_\_\_)
- Tobacco Production Guide
- Other: \_\_\_\_\_

By signing below, the employee agrees to having received this training and understands the dangers associated.

	Printed Name	Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

**Vehicle Mechanical Inspection Report for Transportation  
Subject to Department of Transportation Requirements**

**U.S. Department of Labor**  
Wage and Hour Division



NAME OF APPLICANT \_\_\_\_\_

WAGE AND HOUR DIVISION

ADDRESS \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

OMB NO: 1235-0016  
Expires: 11/30/2018

**IMPORTANT:**

The Migrant and Seasonal Agricultural Worker Protection Act requires that farm labor contractors subject to this law who transport any migrant and seasonal agricultural workers for agricultural employment obtain from the U.S. Department of Labor a certificate of registration. Applicants for a certificate of registration must produce evidence that the vehicles they use for this purpose meet Department of Transportation requirements. Provided below is a list of major items which should be checked. On the reverse side of this form is a brief summary of the Department of Transportation standards for each of these items. A check (✓) should be placed adjacent to each item which meets these minimum standards. In those instances where an item does not meet these standards, necessary repairs must be completed before the transportation of migrant and seasonal agricultural workers will be authorized. This form must be properly completed and signed, certifying that the vehicle meets Department of Transportation requirements. ***This inspection must be performed by an independent inspection company not affiliated with the applicant.***

If the farm labor contractor possesses a valid current state vehicle safety inspection sticker from the jurisdiction in which the vehicle is registered, the items listed below need not be checked. However, in the Remarks section, the farm labor contractor must identify the state where the inspection was performed, list the appropriate state vehicle safety inspection number and license tag number and then sign and date the form.

Serial or Motor No.: \_\_\_\_\_ Registration No.: \_\_\_\_\_ State: \_\_\_\_\_ License Plate No.: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ No. of Seats: \_\_\_\_\_

Truck      Tractor      Semitrailer      Full Trailer      Bus      Passenger Car      Station Wagon      Van

This vehicle is used to pull a trailer: Yes      No

**LIGHTING DEVICES**

- (1) Headlights
- (2) Stop lights
- (3) Tail lights
- (4) Clearance lights
- (5) Side markers
- (6) Reflectors
- (7) Turn signals

- (12) Connections
- (13) Brake warning device or vehicles with air or vacuum brakes

**PASSENGER COMPARTMENT**

- (14) Windshield/windows
- (15) Floors
- (16) Sides
- (17) Seats
- (18) Exit
- (19) Gates/doors
- (20) Emergency exit

**EMERGENCY EQUIPMENT**

- (21) Fire extinguisher

- (22) Fuses
- (23) Flares, reflectors, lanterns
- (24) Simultaneous flashing turn signals
- (25) Tires
- (26) Wiring
- (27) Steering
- (28) Horn

**PARTS AND ACCESSORIES**

- (29) Windshield wipers
- (30) Rear vision mirrors
- (31) Fuel system
- (32) Exhaust system

**BRAKES**

- (8) Service (foot)
- (9) Parking brake
- (10) Brake tubing
- (11) Brake hoses

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED INSPECTION NUMBER (IF APPLICABLE) \_\_\_\_\_

EXPIRATION DATE OF INSPECTION NUMBER (IF APPLICABLE) \_\_\_\_\_

NAME OF SHOP (GARAGE) \_\_\_\_\_

ADDRESS OF SHOP (GARAGE) \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

DATE OF INSPECTION \_\_\_\_\_

NAME OF INSPECTOR \_\_\_\_\_

TITLE OF INSPECTOR \_\_\_\_\_

**PUBLIC BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administrator, U.S. Department of Labor, Wage and Hour Division, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

**DO NOT SEND THE COMPLETED FORM TO THIS OFFICE**

1. **Headlights:** On the front, at least two headlamps, an equal number at each side, shall provide an upper and lower distribution of light selected at the driver's will.
2. **Stoplights:** On the rear, two stop lamps, one at each side; shall be actuated from application of the service brakes.
3. **Taillights:** On the rear, two tail lamps, one at each side.
4. **Clearance lights:** On the front, two amber clearance lamps, one at each side. Three amber identification lamps located at center. On rear, two red clearance lamps, one at each side. Three red identification lamps located in the center.
5. **Side markers:** On each side, one amber side marker lamp at or near the front, one red side marker lamp at or near the rear.
6. **Reflectors:** On each side, one amber reflector located at or near the front and one red reflector at or near the rear. On the rear, two red reflectors, one on each side.
7. **Turn signals:** On the front, two amber turn signals, one on each side; on the rear, two red turn signals, one on each side.
8. **Service brake (foot):** Shall be equipped with one application valve, which, when applied, operates all service brakes. It shall be adequate to control the movement of, and to stop the vehicle.
9. **Parking brake:** Must be capable of holding the vehicle under any condition of loading on any grade despite exhaustion of any source of energy or leakage of any kind.
10. and 11. **Brake tubing, brake hose:** Must be secured against chafing, kinking or other mechanical injury.
12. **Connections:** Must be free of leaks, constrictions or other devices.
13. **Brake warning device:** Equipped with either audible or visual warning signals to indicate any loss of air or lack of vacuum.
14. **Protection from weather:** Be equipped with a top at least 80 inches high above the floor and facilities for enclosing side and ends of passenger-carrying compartment.
15. **Floors:** Substantially smooth floor, without protruding obstructions more than 2 inches high (except when necessary to secure seats or other devices to the floor) and void of cracks and holes.
16. **Sides:** At least 60 inches high by attachment of side boards to the permanent body construction if necessary.
17. **Seats:** A seat shall be provided for each worker transported, and must be securely attached to the vehicle; not less than 16 inches, nor more than 19 inches above the floor; at least 13 inches deep; equipped with back rests extending to a height of at least 36 inches above the floor, with at least 24 inches between seats.
18. **Exit:** Adequate means of ingress and egress shall be provided on the rear or at the right side.
19. **Gates/Doors:** Designed to close the means of ingress and egress and shall be equipped with at least one latch or other fastening device constructed so as to keep the gates or doors securely closed.
20. **Emergency exit:** Vehicles with permanently affixed roofs shall be equipped with at least one emergency exit; shall be in addition to the exit provided above, and comply with the requirements of gates or doors.
21. **Fire extinguisher:** At least one fire extinguisher of the following type, properly mounted - 1 1/2 quart carbon tetrachloride, 4 pounds dry chemical, 4 pounds carbon dioxide.
22. **Fusee:** At least one burning red fusee.
23. **Flares, reflectors, lanterns:** At least three flares, red electric lanterns, or red emergency reflectors.
24. **Simultaneous flashing turn signals:** A switch must be provided that will cause the two front and two rear turn signals to flash simultaneously as a vehicular hazard traffic warning. This must be capable with the ignition of the vehicle turned on or off.
25. **Tires:** Shall have tread configuration on all parts of the tire which are in contact with the road surface. Cannot use re-grooved, recapped, or retread tires on front wheels.
26. **Wiring:** Bare, loose, dangling, chafing, or poorly constructed wires prohibited.
27. **Steering:** All parts of steering mechanism, including wheel bearings, tie rods, king pins, and bushings, centered control assembly, drag link, springs, shackles, etc., shall be maintained in safe operating conditions.
28. **Horn:** Must be capable of giving adequate and reliable warning signal.
29. **Windshield wipers:** At least two automatically operating blades, one on each side of the center line of the windshield.
30. **Rear vision mirrors:** Two required, one at each side firmly attached to the outside provided that only one shall be required which shall be at the driver's side on those vehicles so constructed that the driver has a view by the means of an interior mirror.
31. **Fuel system:** Cannot be located in or above passenger carrying portion. Shall be free of leaks, securely attached to the vehicle, and shall have a properly fitted plug cap to cover its filling opening. Cannot project beyond overall width of vehicle, nor shall it be located forward of the front axle of the power unit from which it is located.
32. **Exhaust system:** Shall discharge to the atmosphere at or within 6 inches forward of the rearmost part of the vehicle.

# OSHA

## Forms for Recording Work-Related Injuries and Illnesses

### Dear Employer:

This booklet includes the forms needed for maintaining occupational injury and illness records for 2004. These new forms have changed in several important ways from the 2003 recordkeeping forms.

In the December 17, 2002 Federal Register (67 FR 77165-77170), OSHA announced its decision to add an occupational hearing loss column to OSHA's Form 300, Log of Work-Related Injuries and Illnesses. This forms package contains modified Forms 300 and 300A which incorporate the additional column M(5) Hearing Loss. Employers required to complete the injury and illness forms must begin to use these forms on January 1, 2004.

In response to public suggestions, OSHA also has made several changes to the forms package to make the recordkeeping materials clearer and easier to use:




- On Form 300, we've switched the positions of the day count columns. The days "away from work" column now comes before the days "on job transfer or restriction."
- We've clarified the formulas for calculating incidence rates.
- We've added new recording criteria for occupational hearing loss to the "Overview" section.
- On Form 300, we've made the column heading "Classify the Case" more prominent to make it clear that employers should mark only one selection among the four columns offered.

The Occupational Safety and Health Administration shares with you the goal of preventing injuries and illnesses in our nation's workplaces. Accurate injury and illness records will help us achieve that goal.

*Occupational Safety and Health Administration  
U.S. Department of Labor*

### What's Inside...

In this package, you'll find everything you need to complete OSHA's *Log* and the *Summary of Work-Related Injuries and Illnesses* for the next several years. On the following pages, you'll find:

- ▼ **An Overview: Recording Work-Related Injuries and Illnesses** — General instructions for filling out the forms in this package and definitions of terms you should use when you classify your cases as injuries or illnesses.
- ▼ **How to Fill Out the Log** — An example to guide you in filling out the *Log* properly.
- ▼ **Log of Work-Related Injuries and Illnesses** — Several pages of the *Log* (but you may make as many copies of the *Log* as you need.) Notice that the *Log* is separate from the *Summary*. 
- ▼ **Summary of Work-Related Injuries and Illnesses** — Removable *Summary* pages for easy posting at the end of the year. Note that you post the *Summary* only, not the *Log*. 
- ▼ **Worksheet to Help You Fill Out the Summary** — A worksheet for figuring the average number of employees who worked for your establishment and the total number of hours worked.
- ▼ **OSHA's 301: Injury and Illness Incident Report** — A copy of the OSHA 301 to provide details about the incident. You may make as many copies as you need or use an equivalent form. 

Take a few minutes to review this package. If you have any questions, **visit us online at [www.osha.gov](http://www.osha.gov) OR call your local OSHA office.** We'll be happy to help you.



# An Overview: Recording Work-Related Injuries and Illnesses

The Occupational Safety and Health (OSH) Act of 1970 requires certain employers to prepare and maintain records of work-related injuries and illnesses. Use these definitions when you classify cases on the Log. OSHA's recordkeeping regulation (see 29 CFR Part 1904) provides more information about the definitions below.

The *Log of Work-Related Injuries and Illnesses* (Form 300) is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened. The *Summary* — a separate form (Form 300A) — shows the totals for the year in each category. At the end of the year, post the *Summary* in a visible location so that your employees are aware of the injuries and illnesses occurring in their workplace.

Employers must keep a *Log* for each establishment or site. If you have more than one establishment, you must keep a separate *Log* and *Summary* for each physical location that is expected to be in operation for one year or longer.

Note that your employees have the right to review your injury and illness records. For more information, see 29 Code of Federal Regulations Part 1904.35, *Employee Involvement*.

Cases listed on the *Log of Work-Related Injuries and Illnesses* are not necessarily eligible for workers' compensation or other insurance benefits. Listing a case on the *Log* does not mean that the employer or worker was at fault or that an OSHA standard was violated.

## When is an injury or illness considered work-related?

An injury or illness is considered work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition. Work-relatedness is

presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See 29 CFR Part 1904.5(b)(2) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. See 29 CFR Part 1904.5(b)(1).

## Which work-related injuries and illnesses should you record?

Record those work-related injuries and illnesses that result in:

- ▼ death,
- ▼ loss of consciousness,
- ▼ days away from work,
- ▼ restricted work activity or job transfer, or
- ▼ medical treatment beyond first aid.

You must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. See 29 CFR 1904.7.

## What are the additional criteria?

You must record the following conditions when they are work-related:

- ▼ any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;
- ▼ any case requiring an employee to be medically removed under the requirements of an OSHA health standard;
- ▼ tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis.
- ▼ an employee's hearing test (audiogram) reveals 1) that the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2000, 3000, and 4000 Hz) and 2) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS.

## What is medical treatment?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are NOT recordable:

- ▼ visits to a doctor or health care professional solely for observation or counseling;

## What do you need to do?

1. Within 7 calendar days after you receive information about a case, decide if the case is recordable under the OSHA recordkeeping requirements.
2. Determine whether the incident is a new case or a recurrence of an existing one.
3. Establish whether the case was work-related.
4. If the case is recordable, decide which form you will fill out as the injury and illness incident report.

You may use *OSHA's 301: Injury and Illness Incident Report* or an equivalent form. Some state workers compensation, insurance, or other reports may be acceptable substitutes, as long as they provide the same information as the OSHA 301.

## How to work with the Log

1. Identify the employee involved unless it is a privacy concern case as described below.
2. Identify when and where the case occurred.
3. Describe the case, as specifically as you can.
4. Classify the seriousness of the case by recording the **most serious outcome** associated with the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.
5. Identify whether the case is an injury or illness. If the case is an injury, check the injury category. If the case is an illness, check the appropriate illness category.



- ▼ diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes; and
- ▼ any procedure that can be labeled first aid. (See below for more information about first aid.)

### **What is first aid?**

If the incident required only the following types of treatment, consider it first aid. Do NOT record the case if it involves only:

- ▼ using non-prescription medications at non-prescription strength;
- ▼ administering tetanus immunizations;
- ▼ cleaning, flushing, or soaking wounds on the skin surface;
- ▼ using wound coverings, such as bandages, BandAids™, gauze pads, etc., or using SteriStrips™ or butterfly bandages.
- ▼ using hot or cold therapy;
- ▼ using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;
- ▼ using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards).
- ▼ drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
- ▼ using eye patches;
- ▼ using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
- ▼ using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye;

- ▼ using finger guards;
- ▼ using massages;
- ▼ drinking fluids to relieve heat stress

### **How do you decide if the case involved restricted work?**

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

### **How do you count the number of days of restricted work activity or the number of days away from work?**

Count the number of calendar days the employee was on restricted work activity or was away from work as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day after the incident occurs. If a single injury or illness involved both days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work activity or days away from work once the total of either or the combination of both reaches 180 days.

### **Under what circumstances should you NOT enter the employee's name on the OSHA Form 300?**

You must consider the following types of injuries or illnesses to be privacy concern cases:

- ▼ an injury or illness to an intimate body part or to the reproductive system,
  - ▼ an injury or illness resulting from a sexual assault,
  - ▼ a mental illness,
  - ▼ a case of HIV infection, hepatitis, or tuberculosis,
  - ▼ a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29 CFR Part 1904.8 for definition), and
  - ▼ other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.
- You must not enter the employee's name on the OSHA 300 Log for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy concern cases so that you can update the cases and provide information to the government if asked to do so.

If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the OSHA 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of

the injury or illness, but you do not need to include details of an intimate or private nature.

### **What if the outcome changes after you record the case?**

If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or white-out the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

### **Classifying injuries**

An injury is any wound or damage to the body resulting from an event in the work environment.

*Examples:* Cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical, or radiation burn. Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.



## **Classifying illnesses**

### **Skin diseases or disorders**

Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances.

*Examples:* Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters, chrome ulcers; inflammation of the skin.

### **Respiratory conditions**

Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work.

*Examples:* Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion; farmer's lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconioses.

### **Poisoning**

Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body.

*Examples:* Poisoning by lead, mercury,

cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals, such as formaldehyde.

### **Hearing Loss**

Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more in either ear at 2000, 3000 and 4000 hertz, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 hertz) in the same ear(s).

### **All other illnesses**

All other occupational illnesses.

*Examples:* Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; coccidioidomycosis.

## **When must you post the Summary?**

You must post the *Summary* only — not the *Log* — by February 1 of the year following the year covered by the form and keep it posted until April 30 of that year.

## **How long must you keep the Log and Summary on file?**

You must keep the *Log* and *Summary* for 5 years following the year to which they pertain.

## **Do you have to send these forms to OSHA at the end of the year?**

No. You do not have to send the completed forms to OSHA unless specifically asked to do so.

## **How can we help you?**

If you have a question about how to fill out the *Log*,

- visit us online at [www.osha.gov](http://www.osha.gov)** or
- call your local OSHA office.**

## Optional

# Calculating Injury and Illness Incidence Rates

### What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your firm's injury and illness experience over time or to compare your firm's experience with that of your industry as a whole, you need to compute your incidence rate. Because a specific number of workers and a specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

### How do you calculate an incidence rate?

You can compute an occupational injury and illness incidence rate for all recordable cases or for cases that involved days away from work for your firm quickly and easily. The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, and for both rates the instructions in paragraph (c).

(a) To find out the total number of recordable injuries and illnesses that occurred during the year, count the number of line entries on your OSHA Form 300, or refer to the OSHA Form 300A and sum the entries for columns (G), (H), (I), and (J).

(b) To find out the number of injuries and illnesses that involved days away from work, count the number of line entries on your OSHA Form 300 that received a check mark in column (H), or refer to the entry for column

(H) on the OSHA Form 300A.

(c) The number of hours all employees actually worked during the year. Refer to OSHA Form 300A and optional worksheet to calculate this number.

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

*Total number of injuries and illnesses × 200,000 ÷ Number of hours worked by all employees = Total recordable case rate*

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates.)

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula:

*(Number of entries in column H + Number of entries in column I) × 200,000 ÷ Number of hours worked by all employees = DART incidence rate*

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on Form 300A), cases involving skin disorders (column (M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

### What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by

various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at [www.bls.gov/iif](http://www.bls.gov/iif) or by calling a BLS Regional Office.

### Worksheet

Total number of injuries and illnesses		Number of hours worked by all employees		Total recordable case rate
<input type="text"/>	X 200,000 ÷	<input type="text"/>	=	<input type="text"/>

Number of entries in Column H + Column I		Number of hours worked by all employees		DART incidence rate
<input type="text"/>	X 200,000 ÷	<input type="text"/>	=	<input type="text"/>



# How to Fill Out the Log

The *Log of Work-Related Injuries and Illnesses* is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened.

If your company has more than one establishment or site, you must keep separate records for each physical location that is expected to remain in operation for one year or longer.

We have given you several copies of the *Log* in this package. If you need more than we provided, you may photocopy and use as many as you need.

The *Summary* — a separate form — shows the work-related injury and illness totals for the year in each category. At the end of the year, count the number of incidents in each category and transfer the totals from the *Log* to the *Summary*. Then post the *Summary* in a visible location so that your employees are aware of injuries and illnesses occurring in their workplace.

**You don't post the Log. You post only the Summary at the end of the year.**

## OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20        
U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name XYZ Company  
City Anywhere State MA

Identify the person			Describe the case			Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title <small>(e.g. Welder)</small>	(D) Date of injury or onset of illness	(E) Where the event occurred <small>(e.g. Loading dock north end)</small>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <small>(e.g. Second degree burns on right forearm from acetylene torch)</small>	Remained at Work				Away from work (K)	On job transfer or restriction (L)	(M)					
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)			Injury (1)	Skin disorders (2)	Respiratory conditions (3)	poisoning (4)	Hearing loss (5)	All other illnesses (6)
1	Mark Bagin	Welder	5 / 25 <small>month/day</small>	basement	fracture, left arm and left leg, fell from ladder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 days	15 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Shana Alexander	Foundry man	7 / 2 <small>month/day</small>	pouring deck	poisoning from lead fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	days	30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Sam Sauder	Electrician	8 / 5 <small>month/day</small>	2nd floor storeroom	broken left foot, fell over box	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 days	30 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Ralph Boccella	Laborer	9 / 17 <small>month/day</small>	packaging dept	Back strain lifting boxes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 days	days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Jarrold Daniels	Machine opr.	10 / 23 <small>month/day</small>	production floor	dust in eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	days	days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Be as specific as possible. You can use two lines if you need more room.

Revise the log if the injury or illness progresses and the outcome is more serious than you originally recorded for the case. Cross out, erase, or white-out the original entry.

Choose ONLY ONE of these categories. Classify the case by recording the most serious outcome of the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.

Note whether the case involves an injury or an illness.

# Log of Work-Related Injuries and Illnesses

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20\_\_



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

### Identify the person

### Describe the case

### Classify the case

Enter the number of days the injured or ill worker was:

Check the "Injury" column or choose one type of illness:

(A) Case no.	(B) Employee's name	(C) Job title <i>(e.g., Welder)</i>	(D) Date of injury or onset of illness	(E) Where the event occurred <i>(e.g., Loading dock north end)</i>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <i>(e.g., Second degree burns on right forearm from acetylene torch)</i>
_____	_____	_____	____/____/____ month/day	_____	_____
_____	_____	_____	____/____/____ month/day	_____	_____
_____	_____	_____	____/____/____ month/day	_____	_____
_____	_____	_____	____/____/____ month/day	_____	_____
_____	_____	_____	____/____/____ month/day	_____	_____
_____	_____	_____	____/____/____ month/day	_____	_____
_____	_____	_____	____/____/____ month/day	_____	_____
_____	_____	_____	____/____/____ month/day	_____	_____
_____	_____	_____	____/____/____ month/day	_____	_____
_____	_____	_____	____/____/____ month/day	_____	_____
_____	_____	_____	____/____/____ month/day	_____	_____
_____	_____	_____	____/____/____ month/day	_____	_____
_____	_____	_____	____/____/____ month/day	_____	_____
_____	_____	_____	____/____/____ month/day	_____	_____
_____	_____	_____	____/____/____ month/day	_____	_____
_____	_____	_____	____/____/____ month/day	_____	_____

Death (G)	Remained at Work		
	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Away from work (K)	On job transfer or restriction (L)
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days

Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page totals > \_\_\_\_\_

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

# Summary of Work-Related Injuries and Illnesses



All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

## Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

## Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

## Injury and Illness Types

Total number of . . .  
(M)

(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) All other illnesses	_____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

## Establishment information

Your establishment name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Industry description (e.g., *Manufacture of motor truck trailers*)  
\_\_\_\_\_

Standard Industrial Classification (SIC), if known (e.g., 3715)  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Employment information** (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

## Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive \_\_\_\_\_ Title \_\_\_\_\_

( ) - / /  
Phone Date

# Optional

## Worksheet to Help You Fill Out the Summary

At the end of the year, OSHA requires you to enter the average number of employees and the total hours worked by your employees on the summary. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the Summary page at the end of the year.

### How to figure the average number of employees who worked for your establishment during the year:

- 1 Add** the total number of employees your establishment paid in all pay periods during the year. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

The number of employees paid in all pay periods = **1** \_\_\_\_\_
- 2 Count** the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.

The number of pay periods during the year = **2** \_\_\_\_\_
- 3 Divide** the number of employees by the number of pay periods.

$\frac{\mathbf{1}}{\mathbf{2}}$  \_\_\_\_\_ = **3** \_\_\_\_\_
- 4 Round the answer** to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees*.

The number rounded = **4** \_\_\_\_\_

For example, Acme Construction figured its average employment this way:

For pay period...	Acme paid this number of employees...		
1	10	Number of employees paid =	<b>1</b> 830
2	0		
3	15	Number of pay periods =	<b>2</b> 26
4	30		
5	40	$\frac{830}{26} =$	<b>3</b> 31.92
▼	▼		
24	20	31.92 rounds to	<b>4</b> 32
25	15		
26	+10	32 is the annual average number of employees	
	830		

### How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by your establishment (e.g., temporary help services workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn't available, you can use this optional worksheet to estimate it.

### Optional Worksheet

- \_\_\_\_\_ **Find** the number of full-time employees in your establishment for the year.
- X** \_\_\_\_\_ **Multiply** by the number of work hours for a full-time employee in a year.
- \_\_\_\_\_ This is the number of full-time hours worked.
- +** \_\_\_\_\_ **Add** the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal)
- \_\_\_\_\_ **Round** the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked by all employees last year*.

# OSHA's Form 301

## Injury and Illness Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



**U.S. Department of Labor**  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Information about the employee

1) Full name \_\_\_\_\_

2) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

3) Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

4) Date hired \_\_\_\_/\_\_\_\_/\_\_\_\_

5)  Male

Female

### Information about the physician or other health care professional

6) Name of physician or other health care professional \_\_\_\_\_

7) If treatment was given away from the worksite, where was it given?

Facility \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

8) Was employee treated in an emergency room?

Yes

No

9) Was employee hospitalized overnight as an in-patient?

Yes

No

### Information about the case

10) Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you record the case.)

11) Date of injury or illness \_\_\_\_/\_\_\_\_/\_\_\_\_

12) Time employee began work \_\_\_\_\_ AM / PM

13) Time of event \_\_\_\_\_ AM / PM  Check if time cannot be determined

14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

15) **What happened?** Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

17) **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

18) **If the employee died, when did death occur?** Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

# If You Need Help...

If you need help deciding whether a case is recordable, or if you have questions about the information in this package, feel free to contact us. We'll gladly answer any questions you have.

▼ Visit us online at [www.osha.gov](http://www.osha.gov)

▼ Call your OSHA Regional office and ask for the recordkeeping coordinator

or

▼ Call your State Plan office

## Federal Jurisdiction

Region 1 - 617 / 565-9860  
**Connecticut; Massachusetts; Maine; New Hampshire; Rhode Island**

Region 2 - 212 / 337-2378  
**New York; New Jersey**

Region 3 - 215 / 861-4900  
**DC; Delaware; Pennsylvania; West Virginia**

Region 4 - 404 / 562-2300  
**Alabama; Florida; Georgia; Mississippi**

Region 5 - 312 / 353-2220  
**Illinois; Ohio; Wisconsin**

Region 6 - 214 / 767-4731  
**Arkansas; Louisiana; Oklahoma; Texas**

Region 7 - 816 / 426-5861  
**Kansas; Missouri; Nebraska**

Region 8 - 303 / 844-1600  
**Colorado; Montana; North Dakota; South Dakota**

Region 9 - 415 / 975-4310

Region 10 - 206 / 553-5930  
**Idaho**

## State Plan States

Alaska - 907 / 269-4957

Arizona - 602 / 542-5795

California - 415 / 703-5100

\*Connecticut - 860 / 566-4380

Hawaii - 808 / 586-9100

Indiana - 317 / 232-2688

Iowa - 515 / 281-3661

Kentucky - 502 / 564-3070

Maryland - 410 / 527-4465

Michigan - 517 / 322-1848

Minnesota - 651 / 284-5050

Nevada - 702 / 486-9020

\*New Jersey - 609 / 984-1389

New Mexico - 505 / 827-4230

\*New York - 518 / 457-2574

North Carolina - 919 / 807-2875

Oregon - 503 / 378-3272

Puerto Rico - 787 / 754-2172

South Carolina - 803 / 734-9669

Tennessee - 615 / 741-2793

Utah - 801 / 530-6901

Vermont - 802 / 828-2765

Virginia - 804 / 786-6613

Virgin Islands - 340 / 772-1315

Washington - 360 / 902-5554

Wyoming - 307 / 777-7786

\*Public Sector only







### ***Have questions?***

If you need help in filling out the *Log* or *Summary*, or if you have questions about whether a case is recordable, contact us. We'll be happy to help you. You can:

- ▼ Visit us online at: **[www.osha.gov](http://www.osha.gov)**
- ▼ Call your regional or state plan office. You'll find the phone number listed inside this cover.